

TENANT INFORMATION UPDATE FORM

Please keep Malkin Properties of New York, LLC Management Office updated on any changes that may occur to this information sheet throughout the year.

Please type or print the following information: Fax # 203-353-4010 Attn: Mistie Certain

Date: _____

Tenant Name:

(Please indicate the formal name of your organization that is used in legal documents)

Main Phone #: _____

Fax #: _____

Web Site: _____

E-mail: _____

President / CEO: _____

Phone/Ext. #: _____

Office Manager: _____

Phone/Ext. #: _____

Daily Contact: _____

Phone/Ext. #: _____

Accounts Payable: _____

Phone/Ext. #: _____

CFO: _____

Phone/Ext. #: _____

After Hours Emergency Contact: _____

Phone #: _____

of Employees: _____

Is Your Space Alarmed. If so, Code #: _____

Card Access: _____

Do you have any handicap employees? If so, please list and explain (this information is for emergencies only).

Send Bills to:

