

1166 ALBERNI STREET



### TENANT COMMUNICATIONS

Please email (service@petersonbc.com), fax (604.688.3245) or deliver the completed form to **PETERSON COMMERCIAL**.

Date: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Suite #: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### OFFICE CONTACTS

##### Name of Principal(s) or Senior Manager in Charge

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

##### Send Invoices / Correspondence to:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

##### Name of "Anchor" Person:

Please designate one "anchor" person for the routing of all service requests, information, etc., to minimize possible duplication and confusion.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

#### AFTER HOURS EMERGENCIES

Please provide the names and home telephone numbers of at least three (3) responsible persons within your organization who may be contacted in the event of an emergency. Names will be called in order of sequence until contact is made.

Name	Title	Phone No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____