

## Tenant Contact Information Request Form

1900-2000 University Avenue – East Palo Alto, CA 94303

Please fill in the following information and return a copy to Jake Arnet, JArnet@lbarealty.com.

Tenant Information		
Name of Tenant:		
Street Address:		
Main Phone:	Fax:	
Website:		
Number of Employees:	Hours of Operations:	
Primary Contact Information		
Name:	Title:	
Office Address:		
Office Phone:	Fax:	
Cell Phone:	Email:	
Secondary Contact Information		
Name:	Title:	
Office Address:		
Office Phone:	Fax:	
Cell Phone:	Email:	

Corporate Contact Information	1 / Executive Contact	
Name:	Title:	
Office Address:		
Office Phone:	Fax:	
Cell Phone:	Email:	
Accounting Contact Information	on	
Name:	Title:	
Office Address:		
Office Phone:	Fax:	
Cell Phone:	Email:	
After Hours Emergency Conta	cts (in order to contact)	
#1 Name:	Title:	
Cell Phone:	Home Phone:	
Email:		
#2 Name:	Title:	
Cell Phone:	Home Phone:	
Email:		
#3 Name:	Title:	
Cell Phone:	Home Phone:	
Email:		

#4 Name:	Title:
O-II Diaman	Harris Blacks
Cell Phone:	Home Phone:
Email:	
IT Contact Information (if applicable)	
Name:	Title:
Office Address:	
Office Phone:	Fax:

Email:

## Office Holidays

Cell Phone:

Please identify the days your office is typically closed.

-	Presidents' Day	Good Friday
Independence Day	Juneteenth	Thanksgiving Day
Christmas Eve	Christmas Day	New Year's Eve
	Day	Day