

**CONFIDENTIAL
TENANT CONTACT &
EMERGENCY INFORMATION**

BUSINESS NAME: _____

PREMISES ADDRESS:

BILLING & NOTICE ADDRESS: (If different)

PHONE: _____

FAX: _____

TENANT/OWNER INFORMATION – FOR EMERGENCY PURPOSES ONLY.

OWNER'S NAME(S): _____

HOME ADDRESS: _____

EMERGENCY PHONE: _____

ALARM COMPANY: _____ **PHONE:** _____

ALARM/ACCESS CODES: _____

ON-SITE STORE MANAGER OR ADDITIONAL CONTACT

CONTACT NAME: _____

ON-SITE PHONE & FAX NUMBER:
PH: _____ **FAX:** _____

**CONTACT & PHONE NUMBER
FOR BILLING ISSUES:** _____

SECOND LOCATION/OTHER BUSINESS ADDRESS & PHONE:

LIABILITY INSURANCE INFORMATION:

AGENT NAME: _____ **AGENT PHONE:** _____

EXPIRATION DATE: _____

Thank you for your cooperation. Please return using the enclosed self-address stamped envelope to:

**Kinnery's Brokerage House
425 E. 4th Street #D
Long Beach CA 90802
QUESTIONS? Call (562)800-0838**