



**TENANT INFORMATION FORM
CONFIDENTIAL**

Company: _____

Address: _____ Suite: _____

Office Phone: _____ Fax Number: _____

Contact Person _____

Contact Person Email Address: _____
(for all building memos)

Number of Employees: _____ Nature of Business: _____

Please indicate your normal working hours: _____

EMERGENCY CONTACT INFORMATION

Please list below the names of two (2) or more persons who are to be contacted in case of an emergency occurring after working hours:

Name/Title	Home Telephone
_____	_____
_____	_____
_____	_____

BUILDING SERVICES AUTHORIZATION

Please list the name of the person who will be the executive in charge of your office as far as Building Services are concerned, and who is authorized to request after hours services or services for which there is a charge (i.e. rekeying, signage, etc.)

Name/Title	Home Telephone
_____	_____

**PLEASE RETURN TO:
TOPA MANAGEMENT COMPANY
500 Esplanade Dr, Suite 400
Oxnard, CA 93030
Phone: (805) 485-3193 Fax: (805) 988-9832**