



## Tenant Information Sheet

**\*\*We would appreciate the return of this form within one week of receipt Thank you!\*\***

In the event of a change in personnel, please notify us at 314-665-3117

Fill out the form **completely** by typing or **clearly** printing the information. Please take your time to provide **accurate** and **complete** information.

Company Name: \_\_\_\_\_  
*(Exact name business is conducted under)*

Your Property's Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

Weekday Hours of Operation: \_\_\_\_ a.m. to \_\_\_\_ p.m. Weekend Hours of Operation: \_\_\_\_ a.m. to \_\_\_\_ p.m.

Total Number of Employees at local facility: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Local Contact:  Mr.  Ms.  Dr. \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Title: \_\_\_\_\_

Company Website: \_\_\_\_\_

<b>Emergency Contacts:</b>	(Name)	(Title)	(Home Phone)	(cell phone)
1. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	_____	_____	_____	_____
2. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	_____	_____	_____	_____
3. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	_____	_____	_____	_____

**Facility Contact (person who handles this location – store manager, maintenance staff, etc):**

Name:  Mr.  Ms.  Dr. \_\_\_\_\_ Company Name: \_\_\_\_\_

Title: \_\_\_\_\_ Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_



**Corporate Contact (*person who handles leasing issues and legal issues*):**

Name:  Mr.  Ms.  Dr. \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Accounting Contact (*person who handles invoices, payments, and accounting issues*):**

Name:  Mr.  Ms.  Dr. \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PLEASE MAIL COMPLETED FORM TO: Integris Ventures Management, LLC located at 1001 Craig Road, Suite 392,  
St. Louis, MO 63146 or Email to: [management@integrisventures.com](mailto:management@integrisventures.com)