

**WALSH MEDICAL ARTS
TENANT INFORMATION SHEET**

Company Name: _____

DBA's (if applicable): _____

Tenant or Sub-Tenant: (circle one) Tenant Sub-tenant

Building Number: _____

Suite Number: _____

Office Telephone Number: _____

Office Email: _____

Office Fax Number: _____

Tenant Memo's should be sent to: (circle one) Office Fax Office Email

Office Manager/Daily Contact: Name: _____

Email: _____

Rent Contact: Name: _____

Email: _____

Executive Contact : Name: _____

(lease negotiator/signer) Email: _____

Emergency/After Hours Contact (Name, phone, pager/cell phone):

Cell: _____

Emergency Access Code/Instructions for suite alarm (if applicable):

Address Where Invoices Should Be Sent (if there has been any recent changes):

Names of all doctors practicing in your suite:

Management Visit Preference: (circle one) Monthly Quarterly Semi-Annually
x

Thank you! Please fax back to the management office at 858-213-0163