

**16 Chestnut  
TENANT INFORMATION**



**GENERAL INFORMATION**

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Number of Employees: \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_

**EMERGENCY CONTACT PLEASE LIST 2**

Name: _____	Name: _____
Title: _____	Title: _____
Business Phone: _____	Business Phone: _____
After Hours Phone (Home): _____	After Hours Phone (Home): _____
After Hours Phone (Cell): _____	After Hours Phone (Cell): _____
E-Mail: _____	E-Mail: _____

**PRIMARY CONTACT**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Fax: \_\_\_\_\_

Fire Warden: \_\_\_\_\_  
Backup Fire Warden: \_\_\_\_\_

**ACCOUNTING CONTACT**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Fax: \_\_\_\_\_

**HOLIDAYS OBSERVED (please check all that apply)**

_____ New Years Day	_____ Labor Day
_____ Martin Luther King Day	_____ Columbus Day
_____ President's Day	_____ Thanksgiving
_____ Good Friday	_____ Day After Thanksgiving
_____ Memorial Day	_____ Christmas Eve
_____ July 4th	_____ Christmas
Other _____	