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TENANT EMERGENCY INFORMATION
Commercial

Property Address: _____ Unit #: _____ Date: _____

Tenant Name: _____

Office Ph No.: _____ Office Fax No.: _____

Website: _____ Primary E-Mail: _____

Days/Hours of Operation: _____

Owner's Name: _____ Owner's Primary Ph No.: _____

Owner's E-Mail: _____

Owner's Address: _____

Manager's Name: _____ Manager's Primary Ph No.: _____

Manager's E-Mail: _____

Manager's Address: _____

In case of an EMERGENCY, notify: _____ Relationship: _____

Address: _____ Ph No.: _____

For correspondence and official notices, please indicate PREFERRED MAILING ADDRESS:

_____ Prop. Address _____ Other: _____

Comments: _____