



5831 Cedarbridge Way
Richmond, B.C. V6X 2A8

SWORDFERN MANAGEMENT LTD.

TENANT CONTACT INFORMATION

Please complete and return this form at your earliest convenience by email: atp@swordfernmanagement.com, fax: (604) 273-6474 or mail.

TENANT

Business Name: _____

Address: _____

Mailing Address (if different than above): _____

Business Phone Number: _____ Fax No.: _____

E-Mail: _____

OFFICE CONTACTS

(Name of Principal(s), Sr. Manager(s) in charge and Accounts Payable)

	<u>Name</u>	<u>Title</u>	<u>Telephone No.</u>	<u>Email</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Name of "Anchor Person": _____ Title: _____

Phone No.: _____ *Email: _____

Please designate one "anchor" person for the routing of all service requests, information, etc., to minimize possible duplication and confusion. *Kindly ensure that an email address is provided.

AFTER-HOURS EMERGENCY

Kindly furnish us with the names and telephone numbers of at least **three** (if possible) responsible persons within your organization who may be contacted in the event of an emergency. **These names will be called in sequence until contact is made.**

	<u>Name</u>	<u>Title</u>	<u>Telephone No.</u>	<u>Email</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Information Supplied by: _____ Date: _____