



## THE LINCOLN TENANT CONTACT INFORMATION

Please complete this form and return to Colliers Management Office  
via fax mail or email

<b>BUSINESS INFORMATION:</b>			
Date:	Business Name:		
Business Address:			
City:	State:	Zip:	
Business Phone:	Business Fax:		
Business Hours:	Business e-mail:		
On-Site Contact Name:	Title:		
On-Site Contact Phone:	Contact e-mail:		
<b>BILLING INFORMATION:</b>			
Billing Address (complete if different from Business Address):			
City:	State:	Zip:	
Billing Contact Name:	Title:		
Billing Phone:	Billing Fax:		
Billing Contact Hours:	e-mail address:		
<b>EMERGENCY CONTACT INFORMATION: (in case of an after-hours emergency)</b>			
Emergency Contact Name:	Title:		
After-Hours Phone(s):	Home		
Emergency Contact Name:	Title:		
After-Hours Phone(s):	Home		
Security Co. Name & Phone: (if applicable)			
Alarm Co. Name & Phone: (if applicable)			

***Please report any changes to this information to Colliers Management Office. Thank you.***

**FOR OFFICE USE:**

Property Name / Project ID: \_\_\_\_\_  
Tenant ID#: \_\_\_\_\_ Lease ID#: \_\_\_\_\_

New Tenant?    Yes / No  
For existing tenants, highlight changes.