

**SAN RAFAEL CORPORATE CENTER
San Rafael, CA 94901**

Tenant Information Form

Tenant Address: _____

Tenant Name: _____

Type of Business: _____

Office Manager: _____

Office Manager Cell Phone: _____

Office Manager Email: _____

Office Phone: _____

Office Fax: _____

Number of Employees: _____

Accounting Dept. Contact: _____

EMERGENCY CONTACT INFORMATION

Names of Disabled Employees Who Will Need Assistance in an Emergency:

Persons to Notify in The Event Of an Emergency After Business Hours:

Name	Title	Cell Phone
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