



TENANT CONTACT FORM

The Management office of Gateway University Research Park, Inc. requests the names of two (2) employees for contact purposes.

The first is the **Tenant Contact** who is responsible for requesting services from the management office. This individual should be authorized to sign service requests for work that may be provided at an additional cost. The second name is that of a **Principal Contact**. This is usually an officer of the company or someone directly in charge of the office. We also request the home telephone numbers of these individuals in case of an after-hours emergency. All home phone numbers are kept strictly confidential.

Company Name: _____

Suite: _____ Building: _____

Suite Telephone Number: _____ Fax Number: _____

E-mail address: _____

Tenant Contact: _____

Principal Contact: _____

The following individuals listed are permitted to have access to our suite after-hours:

The following individuals should be contacted in case of an after-hours emergency:

Name Home Telephone Number

Name Home Telephone Number

Please complete the information above and fax to Gateway's Management Office at (336) 217-5151.