

# Tenant Information Sheet

(For La Palmera Management Services Use Only)

Date \_\_\_\_\_

Store Name: \_\_\_\_\_

Suite Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Store Manager: \_\_\_\_\_ Employment Start Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Assistant Manager: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Assistant Manager: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

## District Manager

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

## Marketing Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

## Accounts Payable:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

## After Hours / Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name

Please return to Concierge when complete, Thank you!

Concierge  
361.991.5718 | fax 361.992.0165