

Tenant Billing and Contact Information

(Confidential)

Property Name: _____

Tenant Name: _____

Suite #: _____

Onsite Contact Name/Phone Number/Email:

Email Address for notices, memos, etc:

Leasing Contact Name/Phone Number/Email:

Billing Contact Name/Phone Number:

Billing Address: _____

City/State/Zip: _____

Phone #: _____

Billing E-mail address: _____

Emergency After Hours Contact: _____

Home Phone #: _____ Cell Phone #: _____

E-mail address: _____

Please return to Baceline Property Management Services via
e-mail to **PMAdmin@BacelineInvestments.com** fax **(303) 615-5801**

Mail: 1391 Speer Blvd #800, Denver, CO 80204