



# PARMENTER REALTY PARTNERS

## Contact Information Return to the Management Office

**Building:**

*Check one*

Island Center

Waterford Plaza

Suite #: \_\_\_\_\_

Company: \_\_\_\_\_

Daily Onsite Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Rent Accounting Contact: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If a different person handles miscellaneous invoicing, please provide information.

Accounting Contact: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please return the completed form to the building management.**