



GEORGIA-PACIFIC
CENTER

TENANT CONTACT FORM

Company: _____

Date: _____

Suite #: _____

Office Phone: _____

PRIMARY CONTACT:

Name/Title: _____

Email: _____

Phone Number: _____

SECONDARY CONTACT:

Name/Title: _____

Email: _____

Phone Number: _____

LEASING DECISION-MAKER

Name/Title: _____

Email: _____

Phone Number: _____

IT CONTACT

Name/Title: _____

Email: _____

Phone Number: _____

ACCOUNTING CONTACT:

Name/Title: _____

Email _____

Phone Number: _____

PRIMARY AFTER-HOURS CONTACT:

Name/Title: _____

Email _____

Phone Number: _____

SECONDARY AFTER-HOURS CONTACT:

Name/Title: _____

Email _____

Phone Number: _____