

RETAIL TENANT CONTACT FORM



STORE INFORMATION

BUSINESS NAME _____

ADDRESS _____

TELEPHONE _____ FAX _____

CATEGORY (i.e. ladies' apparel, fast food, etc.) _____

WEBSITE _____

DAILY CONTACT (i.e. Franchisee, Store Manager)

NAME _____ TITLE _____

ADDRESS _____

OFFICE TELEPHONE _____ OFFICE FAX _____

EMAIL _____

HEAD OFFICE CONTACT (i.e. District/Regional Managers)

NAME _____ TITLE _____

OFFICE TELEPHONE _____ OFFICE FAX _____

EMAIL _____

MARKETING CONTACT

NAME _____ TITLE _____

OFFICE TELEPHONE _____ OFFICE FAX _____

EMAIL _____

AFTER-HOURS EMERGENCY CONTACTS

NAME	1	RESIDENTIAL	TELEPHONE	EMAIL
_____	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

PLEASE FAX OR SEND: THE CADILLAC FAIRVIEW CORPORATION, TORONTO-DOMINION CENTRE
416-862-3662 or kristina.hollywood@cadillacfairview.com

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