

## **TENANT INFORMATION UPDATE FORM**

## Please return by fax or email to: (315) 463-4761 or Pam@olivaco.com

COMPANY NAME:	
LOCAL ADDRESS:	
LOCAL PHONE:	FAX:
LOCAL CONTACT:	
EMAIL ADDRESS:	
OFFICE MANAGER:	
EMAIL ADDRESS:	
A/P CONTACT:	
A/P PHONE:	FAX:
A/P EMAIL ADD:	
A/P ADDRESS: (if different from local)	

Please note that currently your statements are not mailed, they are posted on our website. We will begin emailing statements from our website (as well as posting them online) in May once we have your correct A/P contact name and email address. If you need your code to access your statements online, please call our office at 463-8684.

NORMAL HOURS OF OPERATION:	
AFTER HOURS EMERGENCY NUMBER(S):	
(If you have a security system please let us know how to access your spa WEEK-END HOURS (on regular basis):	ce in case of an emergency.)
NUMBER OF EMPLOYEES: (to mon	itor parking totals only)