



ALAMEDA LANDING
MERCHANT CONTACT FORM

PROPERTY NAME Alameda Landing

BUSINESS NAME _____

PREMISE ADDRESS _____ SUITE _____

PREMISE TELEPHONE _____

PREMISE EMAIL _____

PREMISE CONTACT #1 _____

CELL PHONE _____ EMAIL _____

PREMISE CONTACT #2 _____

CELL PHONE _____ EMAIL _____

EMERGENCY CONTACT _____

EMERGENCY PHONE _____

PREMISE BUSINESS HOURS

Monday	_____	Friday	_____
Tuesday	_____	Saturday	_____
Wednesday	_____	Sunday	_____
Thursday	_____		

NOTICE CONTACT _____

NOTICE ADDRESS _____

NOTICE EMAIL _____

NOTICE TELEPHONE _____

BILLING CONTACT _____

BILLING ADDRESS _____

BILLING TELEPHONE _____

BILLING EMAIL _____

COMMENTS _____

Please submit via email to mjohnson@vestar.com

Completed By: _____
(Please print name) (Date)

12/1/2020 10:12 AM