TENANT CONTACT INFORMATION

PROPERTY NAME: University Plaza **ENTITY NAME:** Vestar University Plaza, LLC

PROPERTY LOCATION: NE Corner of S. Plaza Way & S. Yale Street, Flagstaff, Arizona 86001

TENANT NAME *(dba)* : _____ **STORE #:** _____

TENANT LEGAL NAME: _____

PREMISE

PREMISE ADDRESS: _____ **SUITE:** _____

PREMISE TELEPHONE: _____ **FAX:** _____

PREMISE CONTACT #1: _____ **#1 TITLE:** _____

#1 TELEPHONE: _____ **#1 EMAIL:** _____

PREMISE CONTACT #2: _____ **#2 TITLE:** _____

#2 TELEPHONE: _____ **#2 EMAIL:** _____

24-HR. EMERGENCY CONTACT: _____

24-HR. EMERGENCY PHONE: _____

PREMISE BUSINESS HOURS: *Monday* _____ *Tuesday* _____ *Wednesday* _____ *Thursday* _____

Friday _____ *Saturday* _____ *Sunday* _____

BILLING

Signature Required Upon Delivery Address (weekday/daytime hours)

BILLING ADDRESS:
(ie: Monthly Statements, Account Balance Notices, Annual Impound Adjustments & CAM Reconciliations, Real Estate Tax & Insurance Billings, etc.)

STATEMENT EMAIL: _____

BILLING CONTACT: _____ **TITLE:** _____

TELEPHONE: _____ **FAX:** _____

EMAIL: _____

NOTICE

Signature Required Upon Delivery Address (weekday/daytime hours)

NOTICE ADDRESS:
(ie: Lease/Legal Documents & Notices, Important Property Updates/Notices, etc.)

NOTICE CONTACT: _____ **TITLE:** _____

TELEPHONE: _____ **FAX:** _____

EMAIL: _____

ADDITIONAL INFORMATION: _____

COMPLETED BY: _____ **DATE:** _____

Name and Title *(Please print)*

PLEASE COMPLETE & RETURN TO:

Vestar Property Management
Attn: Shannon Zubert
2000 East Rio Salado Pkwy., Suite 1150
Tempe, Arizona 85281

(OR)

Email: szubert@vestar.com
Fax: 480-966-5445