

**CHILDRESS KLEIN PROPERTIES  
GALLERIA TENANT PROFILE**

Please provide the following information and return this form by fax to (770) 859-1253 as soon as possible:

Galleria 100     Galleria 300     Galleria 400     Galleria 600     Galleria 700

TENANT NAME: \_\_\_\_\_ SUITE #: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ OFFICE FAX: \_\_\_\_\_ # EMPLOYEES THIS OFFICE: \_\_\_\_\_

**Property Management Contact #1:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Office Phone E-Mail Address

**Property Management Contact #2:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Office Phone E-Mail Address

**After Hours Contact #1:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Office Phone E-Mail Address

\_\_\_\_\_/\_\_\_\_\_  
Home Phone Cell Phone

**After Hours Contact #2:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Office Phone E-Mail Address

\_\_\_\_\_/\_\_\_\_\_  
Home Phone Cell Phone

**After Hours Contact #3:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Office Phone E-Mail Address

\_\_\_\_\_/\_\_\_\_\_  
Home Phone Cell Phone

**Information Technology Contact:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Office Phone E-Mail Address

**Billable Work Order Contact:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Office Phone E-Mail Address

**Accounting Contact:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Office Phone E-Mail Address

**Leasing Contact:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Office Phone E-Mail Address

**Employees needing Assistance in Emergency (use additional sheet if necessary):**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Office Phone Floor/Suite

Permanent  Temporary \_\_\_\_\_ / \_\_\_\_\_  
If Temporary, Note Time Frame Description of Disability