



# Confidential Contact Form

Date \_\_\_\_\_

Commercial  Residential

In keeping our records current and accurate, please complete the following information and return it to us at your earliest convenience. Thank you.

Tenant Name: \_\_\_\_\_

Rental Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell # \_\_\_\_\_

Home # \_\_\_\_\_

Office # \_\_\_\_\_

Email(s) \_\_\_\_\_

Property# | Unit# \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Please list below the names of two [2] or more persons who are to be contacted in case of an emergency occurring after working hours.

|                                |                                |
|--------------------------------|--------------------------------|
| Name   Title or Relation _____ | Name   Title or Relation _____ |
| #1 cell # _____                | #2 cell # _____                |
| other # _____                  | other # _____                  |
| e-mail _____                   | e-mail _____                   |

## MISCELLANEOUS INFORMATION | REMARKS

PLEASE RETURN TO

The Becker Group, Inc.  
 Post Office Box 23277 | Ventura, California 93002  
 Telephone 805.653.6794 | Facsimile 805.653.6795 | email: info@beckergroup.com