

CONTACT INFORMATION

PLEASE PRINT CLEARLY

BUSINESS NAME*: _____

PROPERTY/LANDLORD NAME*: _____

DBA (if applicable): _____

PRIMARY BILLING CONTACT: (*Required)

(All emails are sent regarding statements, rent increase notices, COI emails, payment reminders, late fees)

Name*: _____

Office Phone #*: _____

Title: _____

Cell Phone #: _____

Address: _____

Email*: _____

**Check your SPAM and set your settings to accept emails from cdr@yardi.com and noreply@commcafe.com*

SECONDARY BILLING CONTACT:

(If applicable, can view all information - including financial/bank account information, billing charges, lease documents, statements, etc.)

Name: _____

Email: _____

***REQUIRED: Statements do not get mailed. A BILLING email address is required for all tenants.**

EMERGENCY CONTACT: (If different from Primary Billing Contact)

Name: _____

Office Phone #: _____

Email: _____

Cell Phone #: _____

FACILITIES CONTACT: (Reports maintenance requests)

Name: _____

Office Phone #: _____

Email: _____

Cell Phone #: _____

SIGNATURE: _____

DATE: _____

Please return to:

SUGAROAK MANAGEMENT SERVICES
481 CARLISLE DRIVE
HERNDON, VA 20170
FAX: 703-435-1707

THIS INFORMATION IS CONFIDENTIAL. IT IS NOT RELEASED TO A THIRD PARTY