



Reset Form

TENANT EMERGENCY INFORMATION

Date: _____

Store Name: _____

Store Phone Number: _____

Mall Post Office Box: _____

District Manager Information:

Name: _____

Email: _____

Telephone: _____

Regional Manager Information:

Name: _____

Email: _____

Telephone: _____

Home Office Information:

Company: _____

Address: _____

City/ST/Zip: _____

Telephone: _____

IN CASE OF EMERGENCY

Store Manager's Name: _____

Store Manager Email: _____

Store Manager Phone Number: _____

Asst. Manager's Name: _____

Asst. Manager Email: _____

Asst. Manager Phone Number: _____

If there are any other contact names, please write in at bottom of page.

Please return this to the Mall Management Office as soon as possible.

ALL INFORMATION WILL REMAIN CONFIDENTIAL