



# Requesting Reimbursement

For use only if you have a Tenant Allowance associated with your lease.

## TENANT INFORMATION

Tenant Trade Name:

Shopping Center Name:

Lease Name:

Contact Name:

Contact Email Address:

Contact Phone Number

## REIMBURSEMENT INFORMATION

Legal Entity Name (Business Name as it appears in the lease):

Address (where the check will be sent):

Amount Requested (\$):

Request Date:

## REIMBURSEMENT CHECKLIST

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you completed your work?  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you opened for business?  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is your account with Brixmor current?  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you submitted all Lease-required documents? <i>(generally Section 2.04 of your Lease)</i> |

If you answer "NO" to any of these questions, your Tenant Allowance Reimbursement may be held up.

**PLEASE REMIT THIS FORM, ALONG WITH ALL LEASE REQUIRED DOCUMENTS, TO THE TENANT ALLOWANCE COORDINATOR USING ONE OF THE FOLLOWING METHODS:**

**BY MAIL:**

Brixmor Property Group  
200 Ridge Pike #100  
Conshohocken, PA 19428  
Attn: Tenant Allowance Coordinator

**BY EMAIL:**

TACoordinator@brixmor.com

**BY PHONE:**

610.941.9307