



Tenant Information Form

This form can also be filled in electronically at <https://tp.brixmor.com/Pages/Contacts.aspx>. Return form to your tenant coordinator.

GENERAL INFORMATION

Company Name: _____

Shopping Center Name: _____

Store Number: _____

Main Phone Number: _____

Primary Contact: _____

Email of Primary Contact: _____

Parent Company Name (if appl): _____

Main Phone Number: _____

Address: _____

Primary Contact: _____

SPECIFIC CONTACT INFORMATION

Rent Contact Name: _____

Title: _____

Phone Number: _____

Email: _____

Legal Contact Name: _____

Title: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Title: _____

Phone Number: _____

Email: _____

PRIMARY CONTACT FOR C.A.M. (COMMON AREA MAINTENANCE) IF DIFFERENT FROM ABOVE

Contact Name: _____

Title: _____

Phone Number: _____

Email: _____

Mailing Address: _____

Contact Name: _____

Title: _____

Phone Number: _____

Email: _____

Mailing Address: _____

ON-SITE OFFICE OR STORE MANAGER INFORMATION

Contact Name: _____

Title: _____

Phone Number: _____

Email: _____

Mailing Address: _____

BRIXMOR TO COMPLETE THIS SECTION

Lease ID Number: _____

Region: _____