



TENANT INFORMATION

Date: _____

Tenant: _____	
Address: _____	
Business Phone: _____	Fax: _____
Total Number of Employees: _____	E-MAIL: _____

NORMAL HOURS CONTACT:

PRINCIPAL	SECONDARY
Name: _____	Name: _____
Title: _____	Title: _____
Phone: _____	Phone: _____
Emergency Day Phone: _____	Emergency Day Phone: _____

AFTER HOURS CONTACT:

PRINCIPAL	SECONDARY
Name: _____	Name: _____
Title: _____	Title: _____
Phone: _____	Phone: _____
Emergency Day Phone: _____	Emergency Day Phone: _____

Alarm System with:

_____ Phone: _____

Person designated to contact Security for "After Hours" air conditioning:

Name: _____

Day Phone: _____ Emergency Phone: _____

OFFICE HOURS:

Sun _____ to _____

Mon _____ to _____

Tues _____ to _____

Wed _____ to _____

Thur _____ to _____

Fri _____ to _____

Sat _____ to _____

HOLIDAYS:

(Check days closed)

New Year's _____	Admissions Day _____
M.L. King Day _____	Labor Day _____
Presidents' Day _____	Discovers Day _____
Kuhio Day _____	Veterans Day _____
Good Friday _____	Thanksgiving Day _____
Memorial Day _____	Christmas Day _____
Kamehameha Day _____	Other _____
Independence Day _____	_____

Please return to:

TOPA MANAGEMENT COMPANY 745 FORT STREET, FORT STREET TOWER SUITE 116
 HONOLULU, HI 96813 808/531-0444 OFC. 808/599-5776 FAX