

**Masonic Partners N. Front Street POA, Inc.  
Owner Information Form**

**PROPERTY OWNER:**

Owner's Name/Company: \_\_\_\_\_

Contact Person Name(s): \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner phone numbers:

(h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Owner Email: \_\_\_\_\_

**PROPERTY:**

Property Address: \_\_\_\_\_

**EMERGENCY ACCESS CONTACT:**

Name: \_\_\_\_\_

Phone numbers:

(h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Contact Email: \_\_\_\_\_

**Backup Name:** \_\_\_\_\_

Phone numbers:

(h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Contact Email: \_\_\_\_\_

**TENANT INFORMATION:**

Name (s): \_\_\_\_\_

Phone number (s): \_\_\_\_\_

Email (s): \_\_\_\_\_

Terms of Lease: \_\_\_\_\_ Start Date of Lease: \_\_\_\_\_ Expires: \_\_\_\_\_