

For Office Use Only

Room(s): _____
Phone No(s): _____
Phone Password: _____
Photocopy Code Assigned: _____

Primary Tenant

Name: _____
Mailing Address: _____
Cell Number: _____
Emergency Contact: _____ Number: _____
Parking Pass: Yes No Vehicle: Make _____ Model _____
Office Key(s) Assigned: Yes No **Returned** _____

Secondary Tenant

Name: _____
Mailing Address: _____
Cell Number: _____
Emergency Contact: _____ Number _____
Parking Pass: Yes No Vehicle: Make: _____ Model _____
Office Key(s) Assigned: Yes No **Returned** _____

Terms

Rental Start Date: _____ Rental End Date _____
Recurring: _____
Total Rental Fee: _____ Monthly _____
Payment Due Date: _____

Add-ons:			Quantity
Kitchenette Access	\$30	Yes	_____
Photocopier/Scanner/Fax	\$10	Yes	_____
Dedicated Phone Line	\$25	Yes	_____
Mailing Address	\$20	Yes	_____
Janitorial	\$25	Yes	_____
Parking	\$45	Yes	_____
Coffee Tea Water	\$15 per event	Yes	_____
Printing Service	.10 blk .25 color	Yes	_____

Meeting Room				Quantity
Mt. Arrowsmith Boardroom	4hrs \$40	AO \$30	Yes	_____
Mt Arrowsmith Boardroom	8hrs \$80	AO \$60	Yes	_____
Georgia Straight Meeting Room	4hrs \$20	AO \$15	Yes	_____
Georgia Straight Meeting Room	8hrs \$40	AO \$30	Yes	_____
10% Discount Applied			Yes	_____

Special Notes:

I have read, understand, and agree to the terms in this agreement.

_____	_____	_____
Tenant Name (print)	Tenant Name (signature)	Date
_____	_____	_____
Oceanside Initiatives Rep	Position	Date