

# COMMERCIAL TENANCY ENQUIRY FORM

DATE: .....

TAKEN BY: .....

NAME: .....

BUSINESS: .....

ADDRESS: .....

..... POSTAL CODE: .....

TELEPHONE NO:..... FAX NO: .....

MOBILE NO:.....

E-MAIL ADDRESS: .....

NATURE OF BUSINESS:.....

TYPE OF PROPERTY REQUIRED:

OFFICE  LIGHT INDUSTRIAL  INDUSTRIAL  RETAIL  CRAFT WORKSHOPS

SITE AREA: MIN  Sq.ft MAX  Sq.ft

EMPLOYMENT NOW:  PROJECTED:

LOCATION REQUIRED: .....

DATE RESPONDED:

NOTES:

UNIT:

VIEWING DATE:

TAKEN UNIT:  YES  NO