



### OFFICE SPACE INQUIRY FORM

Please provide the following information. **Only one of(\*) is required.**

Your Name *	
Company Name	
Company's Webside	
Tel. No. (*)	
Fax. No. (*)	
E - Mail (*)	
Type of Premises	Office Use
Preferred Area (s)	
Size	
Budget of Monthly Rent	
Move-in Forecast	ASAP In 30 Days 3 months In 6 months
Tenancy Term	More than 2 years Less than 2 years ( )
Parking Space	Non 1 Car 2 Cars                      Other -----
Do You Understand Local Leasing Practices?	Yes No
Other Request (s)	

