



**PERSONAL LIFESTYLE**  
**CONCIERGE A gift of time!**

## Application for Concierge Services

Name of Management  
Company/Company \_\_\_\_\_

Name of Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name of Building \_\_\_\_\_

Name of On-site Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Residential Buildings

Number of Floors \_\_\_\_\_ Elevator \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of Units \_\_\_\_\_ Studios \_\_\_\_\_ One Bedroom \_\_\_\_\_ Two Bedroom \_\_\_\_\_ Two + \_\_\_\_\_

How many of the units are currently tenanted? \_\_\_\_\_

### Office Building

Number of employees eligible for services \_\_\_\_\_