

New Building Form

Building Name:		Building Address	_ Building Address:		
City:	Province/Sta	ate:	Postal/2	Postal/Zip:	
Building Phone:		Building Email:			
On-Site Employee Name (Appointments Booked with)		On-Site Employee En	nail On	-Site Employee Phone	
Number of Units: Bedroom/Unit Types: (1 Bedroom, 2 Bedroom, etc.)					
Media Sources Required	I for Tracking: <i>(Com</i>	pany Website, Kijiji, Zum	nper, etc.)		
	- FOR LEA	DMANAGING BOOK	KINGS -		
Appointment Length: (60 minutes)		Appointment Reminder: (60 mins prior to appnt)			
Number of Appointmen	ts per Timeslot:	Lead-Up Time: (hours before appnt is booked)			
Building Hours: Mond	day:	_ Tuesday:	Wednesc	lay:	
Thursday:	Friday:	Saturday:	Su	nday:	
Special Notes:					