



CUSTOMER LEASE INQUIRY FORM

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PHONE: _____

CONTACT EMAIL ADDRESS: _____

TYPE OF LEASE REQUESTED: _____

LOCATION DESIRED: _____

SIZE OF LEASE AREA DESIRED: _____

UTILITIES NEEDED: _____

BUSINESS TYPE: _____

SPECIFIC SITE REQUIREMENTS: _____

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Office Use Only

DATE INQUIRY RECEIVED: _____

OC EMPLOYEE NAME: _____

FOLLOWUP:

NAME	DATE	NOTES
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Please Return completed form to the Ounalashka Corporation P.O. Box 149, Unalaska, AK 99685 or fax to 907-581-1496 or send to via email to leasing@ounalashka.com.