

SPECIALTY LEASING OPPORTUNITIES FORM

Contact Name: _____

Email: _____

Phone Number: _____ Date: _____

Name of Business: _____

Website: _____

Social Media Handles: _____

Please describe your use:

Do you have any existing locations? Yes No

If so, where? _____

Have you rented space at a mall before? Yes No

If so, where and when? _____

Type of space required:

Temporary In-Line Space Kiosk Space Cart Space Activation/Event Space

How much square footage is required? _____

When are you looking to rent? _____ How long are you looking to rent? _____

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