CARDINAL FITNESS
SITE SUBMITTAL FORM

When completed, please attach and e-mail to sites@cardinalfitness.com

Date: ____/_____/_____ **Submitted by:** _____

Site/Shopping Center Name: _____

Shopping Center Address: _____

Unit/Suite: _____ **City:** _____ **State:** _____

Currently Vacant: Yes/No **Previous/Current Tenant:** _____

Adjacent Tenants: _____ **Parking Field Count:** _____

Space Dimensions: _____ **Ceiling Height:** _____

Available Signage: _____

Anchors/Co-Tenants: _____

Leasing Company: _____ **Contact:** _____

Phone Number: (_____) _____-_____ **E-mail:** _____

Additional Information:

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