

Leasing Enquiry Form

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| Name: |
| Email address: |
| Contact Telephone number: |

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| Size of unit required: |
| Use: |
| Products/Brand/Age Range: |
| Timing (when are you looking to open and for how long) |
| Preferable opening date:Saturday & Sunday [ ] Monday to Friday [ ] All Week [ ]  |

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| Do you have an existing Business? |
| Do you have a website/Facebook Page? |