

## Contact

### OFFICE

Tenant name: \_\_\_\_\_

Building address: \_\_\_\_\_ Suite #: \_\_\_\_\_

Phone: \_\_\_\_\_ Back line: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Tenant cell number: \_\_\_\_\_

### EXECUTIVE CONTACT

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. phone: \_\_\_\_\_ Email: \_\_\_\_\_

### DAY-TO-DAY CONTACT

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. phone: \_\_\_\_\_ Email: \_\_\_\_\_

### SURVEY CONTACT

Name: \_\_\_\_\_ Email: \_\_\_\_\_

## Office information

### OFFICE HOURS

M \_\_\_\_\_-\_\_\_\_\_ T \_\_\_\_\_-\_\_\_\_\_ W \_\_\_\_\_-\_\_\_\_\_ TH \_\_\_\_\_-\_\_\_\_\_ F \_\_\_\_\_-\_\_\_\_\_

SAT \_\_\_\_\_-\_\_\_\_\_ SUN \_\_\_\_\_-\_\_\_\_\_ Lunch hours \_\_\_\_\_-\_\_\_\_\_

**EXTRA HOLIDAYS** *(Dates office will be closed aside from New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day)*

### PERSONNEL

Tenant specialties: \_\_\_\_\_

**Number of personnel** Physicians: \_\_\_\_\_ Employees: \_\_\_\_\_ Patients/Clients: \_\_\_\_\_/day (approximate)

**Is there a subtenant in your suite?** Yes No **If yes, list name of subtenant:** \_\_\_\_\_

## Billing

**BILLING ADDRESS:** \_\_\_\_\_

**ACCOUNTS PAYABLE CONTACT** Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

# Directory listing & tenant signage

Provide how your business should be listed on the building directory and suite sign.

## BUSINESS

Business name: \_\_\_\_\_ Suite # \_\_\_\_\_

## PHYSICIANS

Last name:	First name:	MI (optional)	Credentials	Suite #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Access cards/keys

Tenant will be provided with the requested number of cards/keys, if reasonable. Additional cards/keys are available upon request for a fee.

Total number requested: \_\_\_\_\_ Access cards \_\_\_\_\_ Keys \_\_\_\_\_ Mailbox keys

## EMPLOYEES WITH ACCESS CARDS/KEYS

Name:	Phone:	Card	Key	Mail
_____	_____			
_____	_____			
_____	_____			
_____	_____			

## In case of emergency

### EMERGENCY CONTACTS

Name:	Cell phone:	Email
_____	_____	_____
_____	_____	_____

Is there an alarm in your suite? Yes No If applicable, provide code: \_\_\_\_\_

Has someone been designated to check suite doors/lights at end of business day? Yes No

### PERSONS AUTHORIZED TO ENTER SUITE

List all persons authorized to enter your suite should they require assistance from Healthcare Realty. Attach page for more names.

_____	_____
_____	_____
_____	_____

**AUTHORIZED BY:**  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Electronic signature represented by blue type)  
Name (print) \_\_\_\_\_ Title \_\_\_\_\_