Tenant Information Update
Changes to contact, billing and emergency information

Contacts

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: _____

CERTIFICATE OF INSURANCE (COI) CONTACT

Name: _____   Title: _____

Phone: _____   Alt. phone: _____   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: _____

Phone: _____ Alt. phone: _____ Email: _____

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.

_____   _____

_____   _____

_____   _____

Tenant Center access

Healthcare Realty offers office management shortcuts on the Tenant Center. Save time with automated rent payments, online service requests and more.

CONTACT	ACCESS	CONTACT	ACCESS
Executive Contact		Accounts Payable Contact	
Day-to-Day Contact		Emergency Contact #1	
Survey Contact		Emergency Contact #2	
COI Contact		Emergency Contact #3	

OTHER PERSON(S) THAT REQUIRE ACCESS

Name: _____ Title: _____

Phone: _____ Alt. phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Alt. phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Alt. phone: _____ Email: _____

AUTHORIZED BY:

Signature _____ **Date** _____
(Electronic signature represented by blue type)

Name (print) _____ **Title** _____

✉ **Click to email form**