

# Move-in Checklist

Return completed form to Healthcare Realty:

**FAX** 615.329.8149

**EMAIL** pvankluyve@healthcarerealty.com

**MAIL** 2004 Hayes Street, Suite 615  
Nashville, Tennessee 37203

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Tenant contact email: \_\_\_\_\_

## Move-in procedures

		INITIALS	DATE	COMMENTS
1	Inform management of move date	_____	_____	_____
2	Insurance certificate from moving company	_____	_____	_____
3	Key request form	_____	_____	_____
4	Access card forms	_____	_____	_____
5	Tenant information form	_____	_____	_____

