

Tenant Information Update

Changes to contact, billing and emergency information

Return completed form to Healthcare Realty:

FAX 615.329.8149

EMAIL agigliotti@healthcarerealty.com

MAIL 2004 Hayes Street, Suite 615
Nashville, Tennessee 37203

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: _____

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 _____

