

Return completed form to Healthcare Realty:

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EMAIL probinson@healthcarerealty.com
MAIL 10508 Park Road, Suite 140
Charlotte, North Carolina 28210

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.

<b>CONTACT</b>	<b>ACCESS</b>	<b>CONTACT</b>	<b>ACCESS</b>
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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** \_\_\_\_\_

