

# Tenant Information

Return completed form to Healthcare Realty:

**FAX** 970.744.5040

**EMAIL** aberscheid@healthcarerealty.com

**MAIL** 950 East Harvard Avenue Suite 240  
Denver, CO 80210

## 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: \_\_\_\_\_

# 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.

Three sets of horizontal lines for listing authorized persons.

Tenant Center access

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

Table with 4 columns: CONTACT, ACCESS, CONTACT, ACCESS. Rows include Executive Contact, Day-to-Day Contact, Survey Contact, COI Contact, Accounts Payable Contact, Emergency Contact #1, Emergency Contact #2, and Emergency Contact #3.

OTHER PERSON(S) THAT REQUIRE ACCESS

Three sets of form fields for other persons requiring access, including Name, Title, Phone, Alt. phone, and Email.

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

