

Return completed form to Healthcare Realty:

**EMAIL** ccummings@healthcarerealty.com

**MAIL** 500 Osborne Road NE, Suite 360  
Fridley, Minnesota 55432

HEALTHCARE REALTY

# Tenant Information Update

Changes to contact, billing and emergency information

## 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 \_\_\_\_\_

