

Return completed form to Healthcare Realty:

FAX 310.670.8039
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MAIL 6801 Park Terrace Drive, Suite 545
Los Angeles, California 90045

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.

CONTACT	ACCESS	CONTACT	ACCESS
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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** _____

