

Return completed form to:

HEALTHCARE REALTY

**EMAIL** SShaver@healthcarerealty.com  
**MAIL** 9135 Ridgeline Boulevard, Suite 140  
Highlands Ranch, Colorado 80129

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

## 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.

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**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
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** \_\_\_\_\_

