

Return completed form to Healthcare Realty:

EMAIL cgessay@healthcarerealty.com

MAIL 1600 West 38th Street, Suite 204
Austin, Texas 78731

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: _____



Billing

BILLING ADDRESS: _____

ACCOUNTS PAYABLE CONTACT Name: _____ Title: _____

Email: _____ Phone: _____

In case of emergency

EMERGENCY CONTACTS

Name:	After-hours 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 _____

