

Return completed form to Healthcare Realty:
EMAIL scastrejon@healthcarerealty.com
MAIL 5701 North Portland Avenue, Suite 110
Oklahoma City, OK 73112

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** _____

