

# Tenant Information

Return completed form to Healthcare Realty:

**FAX** 714.432.7727

**EMAIL** rbolanos@healthcarerealty.com

**MAIL** 11180 East Warner Avenue, Suite 469  
Fountain Valley, California 92708

## 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tenant Center access**

Healthcare Realty offers office management shortcuts on the Tenant Center. Save time with automated rent payments, online service requests and more.

<b>CONTACT</b>	<b>ACCESS</b>	<b>CONTACT</b>	<b>ACCESS</b>
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** \_\_\_\_\_

