



### CONTACT INFORMATION FORM

Please **fill out** this form and return via email to Laurie Glynn [LGlynn@healthpeak.com](mailto:LGlynn@healthpeak.com)  
We recommend that you fill out this form on your computer and save it for your records and future updates. Please call or email if you need a blank copy of the form emailed to you. Thank you.

Tenant Name		Date		# of Onsite Employees	
Address		Suite #			
City, Zip		Type of Business			
Main Phone		Main Fax			

**PRIMARY CONTACTS** - Please provide the names, email addresses, and *daytime* telephone numbers of the following individuals:

Primary Daily Contact		Title	
Email		Telephone	
Secondary Daily Contact		Title	
Email		Telephone	
Executive Contact (Decision maker for leasing issues, etc.)		Title	
Email		Telephone	
Accounting/Billing Contact		Title	
Email		Telephone	
Emergency Coordinator		Office Phone	
Email		Cell Phone	

**EMERGENCY CONTACTS** - Please list the *after-hours* emergency contacts in the order you would like us to attempt contact. Please include the after-hours contact information for your company's decision maker as one of the contacts. All information is kept strictly confidential.

Emergency Contact #1		<b>Decision Maker?</b>
Home Phone		Cell Phone
After Hours Email Address		Other Phone
Emergency Contact #2		<b>Decision Maker?</b>
Home Phone		Cell Phone
After Hours Email Address		Other Phone
Emergency Contact #3		<b>Decision Maker?</b>
Home Phone		Cell Phone
After Hours Email Address		Other Phone

**ALARM NOTIFICATION**

Is your suite alarmed?	Yes	No	Alarm Contact
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**SERVICE REQUEST CONTACTS** – Please list and include the signature of individuals who are *authorized to request services* from Healthpeak. The service requestors listed below shall be authorized to incur charges on behalf of the tenant for all building services other than construction services. We will only accept work orders from the contacts listed below. (Please use an additional page for contacts if necessary.)

Requestor #1		Telephone	
Title		Email	
Requestor #2		Telephone	
Title		Email	
Requestor #3		Telephone	
Title		Signature	
Requestor #4		Telephone	
Title		Signature	
Requestor #5		Telephone	
Title		Signature	

**TENANT NOTIFICATION EMAIL CONTACTS** – Since the Management Office disseminates building information and updates via tenant notification e-mails, it is necessary to list at least one e-mail contact. This person will be responsible for forwarding the information to all employees in your office. It is suggested that you list at least one secondary contact in case the primary contact is out of the office. (Please use an additional page for contacts if necessary.)

Contact #1		Telephone	
Title		Email	
Contact #2		Telephone	
Title		Email	
Contact #3		Telephone	
Title		Email	
Contact #4		Telephone	
Title		Email	

**ACCOUNTING CONTACTS** – Please provide contact information for those who should receive monthly Rent statements.

Contact #1		Telephone	
Title		Email	
Contact #2		Telephone	
Title		Email	

**FORM COMPLETED BY:**

Name		Title		Date	
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PLEASE PROVIDE THE MANAGEMENT OFFICE WITH AN UPDATED FORM FOR ANY CONTACT CHANGES.  
THANK YOU.

\* Please return the completed form via email to Laurie Glynn [LGlynn@healthpeak.com](mailto:LGlynn@healthpeak.com)

**MANAGEMENT OFFICE ONLY:**

All contact lists (tenant contact list, Outlook & ETS) updated on:		By:	
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