

TENANT CONTACT INFORMATION

Please complete all information that applies. Items noted with an asterisk (*) can be left blank if information is the same as provided above. Please email the completed form to: **firsthill@healthpeak.com**.

Healthpeak Properties, 1229 Madison Suite 650, Seattle, WA 98104

GENERAL TENANT INFORMATION		
Business Name:	_____	
Building & Suite #:	_____	
Main Phone Number:	Back Line:	Answering Svc: <input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Number:	_____	
Regular Office Hours:	_____	
FACILITY/OFFICE MANAGER CONTACT		
Facility Contact:	_____	
Phone Number*:	_____	
E-mail Address:	_____ <input type="checkbox"/> Building notices by email (ETS)	
Facility Contact (2):	_____	
Phone Number (2):	_____	
E-mail Address (2):	_____ <input type="checkbox"/> Building notices by email (ETS)	
EMERGENCY CONTACTS (Please provide 3 contacts)		
Name	Title	Phone/Pager (after hours)
1.		
2.		
3.		
BILLING CONTACT INFORMATION (If applicable)		
Billing Address*:	_____	

Billing Contact*:	_____	
Phone Number*:	_____	
E-mail Address*:	_____	
Fax Number*:	_____	

LEASING CONTACT/SENIOR MANAGEMENT (If applicable)

Leasing Contact*: _____
Phone Number*: _____
E-mail Address*: _____
Fax Number*: _____