

Return completed form to Healthcare Realty:

EMAIL rroblesky@healthcarerealty.com

HEALTHCARE REALTY

Move In/Out Procedures

Tenant name: _____

Building address: _____ Suite #: _____

Phone: _____ Fax: _____ Tenant contact email: _____

Tenant contact phone: _____

Moving information

1 MOVING COMPANY/MOVER

Moving Company/Mover name: _____ Phone: _____

Address: _____

2 ANTICIPATED MOVING DATE & TIME _____

Not later than 48 hours before the move takes place, Landlord requires a current certificate of insurance from the moving company evidencing coverages for commercial general liability that includes property damage coverage and auto liability naming Healthcare Realty Trust Incorporated and its Affiliates as an additional insured.

Additionally, moving large items into or out of the building requires coordination with the Management Office. No items shall be permitted to leave the building without authorization on your firm's letterhead and verbal coordination with the Management Office in advance. Use of passenger elevators for moving equipment is not permitted.

The moving policy above has been read and is understood. We agree to comply with its provisions.

AUTHORIZED BY (Tenant's principal officer or liason):

Signature _____ **Date** _____
(Electronic signature represented by blue type)

Name (print) _____ **Title** _____



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