

Move In/Out Procedures

Return completed form to Healthcare Realty:

EMAIL jmyers@healthcarerealty.com

MAIL 17 Davis Boulevard, Suite 309
Tampa, Florida 33606

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** _____

