

Move-in Checklist

Return completed form to Healthcare Realty:

EMAIL spetty@healthcarerealty.com

MAIL 21216 Northwest Freeway, Suite 690
Cypress, Texas 77429

Tenant name: _____

Building address: _____ Suite #: _____

Phone: _____ Fax: _____ Tenant contact email: _____

Move-in procedures

		INITIALS	DATE	COMMENTS
1	Inform management of move date	_____	_____	_____
2	Insurance certificate from moving company	_____	_____	_____
3	Key request form	_____	_____	_____
4	Access card forms	_____	_____	_____
5	Tenant information form	_____	_____	_____

