

# Move In/Out Procedures

Return completed form to Healthcare Realty:

**FAX** 303.980.0296

**EMAIL** tpelz@healthcarerealty.com

**MAIL** 11700 West Second Place, Suite 265  
Lakewood, Colorado 80228

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** \_\_\_\_\_

