

Return completed form to Healthcare Realty:

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MAIL 1401 South Beretania Street, Suite 390
Honolulu, Hawaii 96814

Directory Listing & Signage

OFFICE USE ONLY

Lease ID: _____

Date: _____ Tenant name: _____

Building: Pali Momi Kapi'olani W&C Hale Pawa'a Suite #: _____

Contact name: _____ Phone: _____ Email: _____

Enter names exactly how they are to appear on the directory/sign. Please type or print clearly.

Add, delete or update names

1	Last Name: _____	First Name: _____	MI: _____	Credentials: _____
	Action: Add Delete Update	Location: Floor Directory Electronic Directory Door Suite Sign		
2	Last Name: _____	First Name: _____	MI: _____	Credentials: _____
	Action: Add Delete Update	Location: Floor Directory Electronic Directory Door Suite Sign		
3	Last Name: _____	First Name: _____	MI: _____	Credentials: _____
	Action: Add Delete Update	Location: Floor Directory Electronic Directory Door Suite Sign		

Add, delete or update businesses

1	Business name: _____			
	Action: Add Delete Update	Location: Door Suite Sign Electronic Directory Floor Directory		
2	Business name: _____			
	Action: Add Delete Update	Location: Door Suite Sign Electronic Directory Floor Directory		

Comments

1	_____

**** By signing below, the tenant authorizes and agrees to the requested signage changes.**

AUTHORIZED BY:

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

Name (print) _____ Title _____

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Date: _____ WO#: _____ Total charges: \$ _____ CM batch: _____