

**TOWN CENTER MEDICAL PLAZA  
TENANT INFORMATION**

**When complete please return to HSUMMERS@HEALTHPEAK.COM**

Suite: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Practice Type/Specialty: \_\_\_\_\_

Practice Business Days/Hours: \_\_\_\_\_ Clinic/Patient Hours: \_\_\_\_\_

Number of Providers: \_\_\_\_\_ Number of Staff: \_\_\_\_\_

Main Contact- (will receive ETS login)

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Contact- (will receive ETS login)

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Suite Access and Security

Alarm: \_\_\_ yes \_\_\_ no Alarm code (maintenance or emergency use): \_\_\_\_\_

Accounting

AP email for monthly statements: \_\_\_\_\_

AP Contact

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contacts (please provide at least two)

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**In the event of an after-hours emergency, please call 480-525-8440**