

Return completed form to Healthcare Realty:

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# 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

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

## Add, delete or update businesses

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

## Comments

<b>1</b>	_____
	_____

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

..... OFFICE USE ONLY .....

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