

**SOUTHERN HILLS PHYSICIANS BUILDING  
TENANT CONTACT FORM**

In an effort to better serve you, we are asking for your assistance in providing us with contacts and addresses for your company. Please complete the information (where applicable) in the spaces provided below and return it to our office at your earliest convenience. Your assistance in this matter is greatly appreciated. This information will be kept strictly confidential.

GENERAL INFORMATION

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

Address: \_\_\_\_\_

Day-to-Day Contact Name: \_\_\_\_\_

Principal Contact: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

BILLING/ACCOUNTING INFORMATION

Contact Name & Title: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

CENTRAL OR HOME OFFICE

Contact Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

EMERGENCY AFTER-HOURS CONTACT

Contact Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Pager #: \_\_\_\_\_

Home #: \_\_\_\_\_

**PLEASE RETURN TO:**

Melissa Harris, Cassidy Turley, [melissa.harris@cassidyurley.com](mailto:melissa.harris@cassidyurley.com), fax: 615-459-7483