



# Property Management Signage Request Form

Tenants leasing space in Alaska Regional Hospital leased buildings are required to utilize this form to request new and/or changes to existing signage (suite sign and building directory). **Please make requests in a timely manner** (inserts have a minimum 5-6 week lead-time and directories are updated twice a month). **Signage changes after initial occupancy/lease commencement to be charged to tenants.**

**EMAIL COMPLETED FORM TO: [infoAK@cbre.com](mailto:infoAK@cbre.com)**

**or mail to:** 2741 DeBarr Road, Suite 401 Anchorage, AK 99508. Upon receipt of signage request, requestor will be emailed costs for approval.

*Questions? Contact CBRE at 907.264.1465 and ask for your Building's Property Manager.*

Requestor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Building: \_\_\_\_\_ Suite # \_\_\_\_\_

Date Changes Take Effect: \_\_\_\_\_

**CHECK ALL THAT APPLY:**

Suite insert

Electronic Directory Update

**CHANGES TO READ EXACTLY AS FOLLOWS:** (Please print clearly: Last Name, First Name, MI, Credentials)

ADD: \_\_\_\_\_  
\_\_\_\_\_

REMOVE: \_\_\_\_\_  
\_\_\_\_\_

CHANGE: \_\_\_\_\_  
\_\_\_\_\_

**FOR PROPERTY MANAGEMENT INFORMATION:** Medical Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Property Management use only:**

Cost for above changes to be billed to tenant: \$ \_\_\_\_\_ Date emailed to tenant for approval: \_\_\_\_\_

**\*Tenant to approve and fax to Property Management:**

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**Departments Include:**

COID #: \_\_\_\_\_

*\*Property Management will proceed with changes upon receipt of tenant approval.*