Providence Health System – Property Management Signage Request Form

Tenants leasing space in Providence Health System owned or 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 (directory strips have a 2-week lead-time for manufacture & installation, manufactured suite signs have a 3-4 week time frame). Signage changes after initial occupancy/lease commencement to be charged to tenants.

FAX COMPLETED FORM TO: 907-212-2375

Or mail to: Providence Health System Property Management, 3760 Piper Street, Anchorage, AK 99508 Upon receipt of signage request, requestor will be faxed costs for approval. Questions? Contact Property Manager's at 907-212-2328

Requestor's Name:	Phone#:	Fax#:	
Building:	Suite#:		
Date Changes Take Effect:			
CHECK: O New Signage	O Additions or Deletions to E	xisting Signage O Other	Changes
SUITE SIGN to read ex	actly as follows: (Please type or	print clearly)	
 DIRECTORY (Please ty 	/pe or print: Last Name, First Na	me, MI, Credentials)	
Property Management use only Cost for above changes to be b		ate faxed to tenant for apr	oroval:
Tenant to approve and fax to	Property Management:		
Approval Signature:	Dated:_		
PHSA Departments include: Ac	cctg Unit769010		

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