



Lease Information Posting Form

Instructions: Please fill out the information as complete as possible and fax it to the number below. If you lease the space please call or e-mail Ellen Kietz at (949) 574-4644 or e-mail ekietz@hoaghospital.org.

Date _____
Space for lease _____ Sq Ft. _____

Is this a sub lease? _____ Shared Space Situation? _____

Days and time available: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Physician _____ Specialty _____

Address: _____

City, State, Zip _____ Phone Number _____

Contact _____ E-mail _____

Comments or additional information _____

Space Wanted _____ Sq Ft _____

Do you want a sub lease? _____ Shared Space Situation? _____

Days and time available: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Physician name _____ Specialty _____

Address _____

City, state, zip _____ Phone Number _____

Contact _____ E-mail _____

Comments or additional information _____

Please fax the completed form to Ellen Kietz at (949) 574-4640