KentuckyOne Health®

LANDLORD APPROVAL AUTHORIZATION AND CONSENT FORM

REGARDING

Practice Name: _____

Address, City, State, Zip: _____

Office Phone #: _____

By my signature below, I hereby represent that I am the **owner/property manager of the property indicated above** or otherwise duly authorized by the Lease to grant authorization for KentuckyOne Health and/or their subcontractor to replace/install and apply for permits for new signage at the above referenced location.

Please Print Full Name_____

Title_____

Company_____

Address/City/State/Zip_____

Signature_____ Date_____

If you have questions and/or concerns, please reach out to one of the below via email or phone call.

PLEASE RETURN FORM TO:

- KentuckyOne Health Medical Group Representative
- KentuckyOne Heath Properties
- KentuckyOne Health Marketing (Liz Sword, elizabethsword@kentuckyonehealth.org, 859.313.2018)