

# Keys & Locks

Tenant name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Requestor's email: \_\_\_\_\_

## Request details

### 1 RECIPIENT

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 2

DOOR LOCATION	RE-KEY DOOR	INSTALL LOCK	COPY OF KEY	# OF KEY COPIES
Suite entrance				_____
Restroom				_____
Mailbox				_____
Doctor's Personal Office				_____
Other: _____				_____
Other: _____				_____
<b>TOTAL:</b>				_____ x \$2.75 = _____

*We acknowledge and agree a locksmith will be required for lock service and for key copies if a copy-ready key is not available. All charges by the locksmith shall be charged back to the tenant's account.*

#### AUTHORIZED BY:

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Electronic signature represented by blue type)

Name (print) \_\_\_\_\_ Title \_\_\_\_\_

#### OFFICE USE ONLY

Authorized signature confirmed by: \_\_\_\_\_  
Initials

Charges processed on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by: \_\_\_\_\_  
Initials