

Keys & Locks

Tenant name: _____

Building address: _____ Suite #: _____

Phone: _____ Fax: _____ Requestor's email: _____

Key Copies

Contact the Management Office for the cost of key copies.

LOCATION	# OF KEYS	TENANT COMMENTS
Suite Entrance	_____	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Restroom	_____	
Mail Box (personal)	_____	
Doctor's Personal Office	_____	
Other _____	_____	
TOTAL	_____	

Re-key Doors & Installing Locks

Cost varies to re-key doors and install new locks. Contact the Management Office for details.

DOOR LOCATION	RE-KEY	INSTALL LOCK	# OF KEYS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(initials)

LOCKSMITH CHARGES

Tenant acknowledges and agrees 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: _____
(date) (initials)