

Return completed form to:  
**EMAIL** cschaffer@healthcarerealty.com  
**MAIL** Z &- AB: ~ <B2C-?1 %B02  
! 5<2; 6 ?6<; -

Tenant name: \_\_\_\_\_  
Building address: \_\_\_\_\_ Suite #: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Requestor's email: \_\_\_\_\_

Request details

**1** **RECIPIENT**  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**2**

LOCATION	RE-KEY	INSTALL LOCK	# OF KEY COPIES
Suite entrance			_____
Restroom			_____
Mailbox			_____
_____			_____
_____			_____
_____			_____

*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 \_\_\_\_\_

