

Return completed form to Healthcare Realty:

EMAIL [jescoto@healthcarerealty.com](mailto:jescoto@healthcarerealty.com)

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

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

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

## Request details

### 1 RECIPIENT

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

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

### 2

#### DOOR LOCATION

#### RE-KEY

#### INSTALL LOCK

#### # OF KEY COPIES

Suite entrance \_\_\_\_\_

Restroom \_\_\_\_\_

Mailbox \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

*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

