

Return completed form to:

EMAIL ismith@healthcarerealty.com

MAIL 2150 N. 107th Street, Suite 220
 Seattle, Washington 98133

Tenant name: _____

Building address: _____ Suite #: _____

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

Request details

1 RECIPIENT

Name: _____ Title: _____

Phone: _____ Email: _____

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DOOR LOCATION	RE-KEY DOOR	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

