

Return completed form to:

EMAIL BCrist@healthcarerealty.com

MAIL 1901 S. Union Avenue
 Building B, Suite 5001
 Tacoma, Washington 98405

Tenant name: _____

Building address: _____ Suite #: _____

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

Request details

1	RECIPIENT																												
	Name: _____ Title: _____																												
	Phone: _____ Email: _____																												
2																													
	<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">DOOR LOCATION</th> <th style="text-align: center;">RE-KEY DOOR</th> <th style="text-align: center;">INSTALL LOCK</th> <th style="text-align: center;"># OF KEY COPIES</th> </tr> </thead> <tbody> <tr> <td>Suite entrance</td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td>Restroom</td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td>Mailbox</td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td>Other: _____</td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td>Other: _____</td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td>Other: _____</td> <td></td> <td></td> <td>_____</td> </tr> </tbody> </table>	DOOR LOCATION	RE-KEY DOOR	INSTALL LOCK	# OF KEY COPIES	Suite entrance			_____	Restroom			_____	Mailbox			_____	Other: _____			_____	Other: _____			_____	Other: _____			_____
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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: _____ Charges processed on: ____ / ____ / ____ by: _____
Initials Initials

