

Return completed form to Healthcare Realty:  
**EMAIL** ) 2; A9; 1 52- 950- 7272- 9F 0<:  
**MAIL** 5 ! - 781 - 92 ! 9 02 %B02  
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Tenant name: \_\_\_\_\_  
 Building address: \_\_\_\_\_ Suite #: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Requestor's email: \_\_\_\_\_

Request details

<b>1</b>	<b>RECIPIENT</b>			
	Name: _____	Title: _____		
	Phone: _____	Email: _____		
<b>2</b>				
	<b>DOOR LOCATION</b>	<b>RE-KEY DOOR</b>	<b>INSTALL LOCK</b>	<b># OF KEY COPIES</b>
	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: \_\_\_\_\_ Charges processed on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by: \_\_\_\_\_  
Initials Initials

