



KEY REQUEST FORM

NEW TENANTS RECEIVE TWO INITIAL KEYS COMPLIMENTARY

Please submit payment with request form

COMPANY NAME: _____ **DATE:** _____

Property Address _____

Suite Number: _____

All new suite keys are part of registered lock system. **PLEASE DO NOT DUPLICATE, WITHOUT APPROVAL FROM MANAGEMENT OFFICE.**

<input type="checkbox"/> Suite Key	Quantity _____	x \$20	Total \$ Due _____
<input type="checkbox"/> Men's' Restroom Key	Quantity _____	x \$20	Total \$ Due _____
<input type="checkbox"/> Women's Restroom Key	Quantity _____	x \$20	Total \$ Due _____
<input type="checkbox"/> After Hours Access Card	Quantity _____	x \$35	Total \$ Due _____
			Amount Due _____

(Any misuse of the keys is solely the tenant's responsibility. If tenant duplicates any keys without property manager's consent, they will be responsible for all charges to have the doors rekeyed. Please refer back to building rules in your lease)

Authorized Signature (Authorized by Lessee) _____
Date

For management office use only

 Access Card Number

Property Manager Approval _____
Date