

Return completed form to Healthcare Realty:
FAX 972.964.4448
EMAIL jgebron@healthcarerealty.com
MAIL 4708 Alliance Boulevard, Suite 630
Plano, Texas 75093

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: _____ Charges processed on: ____ / ____ / ____ by: _____
Initials Initials

