



KEY REQUEST FORM

NEW TENANTS RECEIVE TWO INITIAL KEYS COMPLIMENTARY

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	_____	x \$20	_____
	Quantity		Total \$ Due
<input type="checkbox"/> Men's Restroom Key	_____	x \$20	_____
	Quantity		Total \$ Due
<input type="checkbox"/> Women's Restroom Key	_____	x \$20	_____
	Quantity		Total \$ Due
<input type="checkbox"/> After Hours Access Card	_____	x \$35	_____
	Quantity		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
effective Sept. 2011*

Access Card Number

Property Manager Approval

Date