Return completed form to Healthcare Realty:

FAX 305.740.0876

EMAIL jdominguez@healthcarerealty.com

MAIL 7000 SW 62nd Avenue, Suite PH-N
Miami, Florida 33143

HEALTHCARE REALTY

Keys & Locks

Tenant name: _____

Building address: _____ Suite #: _____

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

Request details

1 **RECIPIENT**

Name: _____ Title: _____

Phone: _____ Email: _____

2

LOCATION	RE-KEY	INSTALL LOCK	# OF KEY COPIES
Suite entrance	☐	☐	_____
Restroom	☐	☐	_____
Mailbox	☐	☐	_____
_____	☐	☐	_____
_____	☐	☐	_____
_____	☐	☐	_____

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: _____
Initials

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