

Return completed form to Healthcare Realty:

**FAX** 310.670.8039

**EMAIL** djones@healthcarerealty.com

**MAIL** 6801 Park Terrace Drive, Suite 545  
Los Angeles, California 90045

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

