

Return completed form to Healthcare Realty:
EMAIL mschiffman@healthcarerealty.com
MAIL 1600 West 38th Street, Suite 204
 Austin, Texas 78731

Tenant name: _____
 Building address: _____ Suite #: _____
 Phone: _____ Fax: _____ Requestor's email: _____

Request details

1	RECIPIENT		
	Name: _____	Title: _____	
	Phone: _____	Email: _____	
2	DOOR LOCATION	RE-KEY	INSTALL LOCK
	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

