

Return completed form to Healthcare Realty:

EMAIL llewis@healthcarerealty.com

MAIL 18707 Hardy Oak Boulevard, Suite 105
San Antonio, Texas 78258

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: _____			_____

Replacement suite keys: **\$5.00** Replacement restroom keys: **\$10.00**

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

