

Return completed form to:

**EMAIL** [ssmith@healthcarerealty.com](mailto:ssmith@healthcarerealty.com)

**MAIL** 9101 Franklin Square Drive, Suite 210  
Baltimore, Maryland 21237

Tenant name: \_\_\_\_\_

Building address: \_\_\_\_\_ Suite #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Requestor's email: \_\_\_\_\_

### Request details

**1** **RECIPIENT**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**2**

| DOOR LOCATION  | RE-KEY DOOR | INSTALL LOCK | # OF KEY COPIES |
|----------------|-------------|--------------|-----------------|
| 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

