

Return completed form to Healthcare Realty:

**FAX** 214.747.2045  
**EMAIL** SGray@healthcarerealty.com  
**MAIL** 3900 Junius Street, Suite 640  
Dallas, Texas 75246

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

