

Return completed form to Healthcare Realty:

FAX 425.450.9081
EMAIL bshutts@healthcarerealty.com
MAIL 1231 116th Avenue NE, Suite 120
Bellevue, Washington 98004

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

