

Return completed form to Healthcare Realty:  
**EMAIL** sboston@healthcarerealty.com  
**MAIL** 1400 Forest Glen Road, Suite 435  
 Silver Spring, Maryland 20910

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

Request details

<b>1</b>	<b>RECIPIENT</b>			
	Name: _____ Title: _____ Phone: _____ Email: _____			
<b>2</b>	<b>DOOR LOCATION</b>	<b>RE-KEY DOOR</b>	<b>INSTALL LOCK</b>	<b># OF KEY COPIES</b>
	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

