

Return completed form to Healthcare Realty:  
**FAX** 303.980.0296  
**EMAIL** nmarkussen@healthcarerealty.com  
**MAIL** 11700 West 2nd Place, Suite 265  
 Lakewood, Colorado 80228

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>																													
	<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">DOOR LOCATION</th> <th style="text-align: center;">RE-KEY DOOR</th> <th style="text-align: center;">INSTALL LOCK</th> <th style="text-align: center;"># OF KEY COPIES</th> </tr> </thead> <tbody> <tr> <td>Suite entrance</td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td>Restroom</td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td>Mailbox</td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td>Other: _____</td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td>Other: _____</td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td>Other: _____</td> <td></td> <td></td> <td>_____</td> </tr> </tbody> </table>	DOOR LOCATION	RE-KEY DOOR	INSTALL LOCK	# OF KEY COPIES	Suite entrance			_____	Restroom			_____	Mailbox			_____	Other: _____			_____	Other: _____			_____	Other: _____			_____
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*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

