

Return completed form to Healthcare Realty:

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

**MAIL** 510 North Elam Avenue, Suite 110  
Greensboro, North Carolina 27403

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: \_\_\_\_\_ Initials \_\_\_\_\_ Charges processed on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by: \_\_\_\_\_ Initials \_\_\_\_\_

