

Return completed form to Healthcare Realty:

EMAIL brobson@healthcarerealty.com

MAIL 6140 Tutt Boulevard, Suite 120
Colorado Springs, Colorado 80923

HEALTHCARE REALTY

Keys & Locks

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



Revised October 2021

 Click to email form