

Return completed form to Healthcare Realty:

FAX 585.8054
EMAIL kgajete@healthcarerealty.com
MAIL 1401 South Beretania Street, Suite 390
Honolulu, Hawaii 96814

Keys & Locks

OFFICE USE ONLY

Lease ID: _____

Date: _____ Tenant name: _____

Building: Pali Momi Kapi'olani W&C Hale Pawa'a Suite #: _____

Contact name: _____ Phone: _____ Email: _____

Request details

	LOCATION	CYLINDER REPLACEMENT	LOCKSET REPLACEMENT	DUPLICATE KEY	# OF KEYS
1	Suite entrance				_____
2	Back entrance				_____
3	Men's Restroom				_____
4	Women's Restroom				_____
5	Inner office key				_____
6	Mailbox # _____				_____
7	Other: _____				_____

*** By signing below, tenant acknowledges and agrees that all charges associated with this request shall be charged back to the tenant's account.*

AUTHORIZED BY:

Signature _____ Date _____
(Electronic signature represented by blue type)

Name (print) _____ Title _____

*** To be signed only once key(s) received.*

KEY RECEIPT:

The undersigned acknowledges receipt of _____ for _____.

Signature _____ Date _____
(Electronic signature represented by blue type)

Name (print) _____ Title _____

..... OFFICE USE ONLY

Date: _____ WO#: _____ Total charges: \$ _____ CM batch: _____