

Return completed form to Healthcare Realty:

FAX 585.8054

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MAIL 1401 South Beretania Street, Suite 390
Honolulu, Hawaii 96814

After Hours Unlock Service

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

1

DATES

Start date (M/D/YR) End date (M/D/YR)

_____ TO _____

HOURS

Start time (AM/PM) End time (AM/PM)

_____ TO _____

2

LOCATION OF DOOR THAT REQUIRES UNLOCK SERVICE: _____

3

PERSON WHO REQUIRES UNLOCK SERVICE:

Physician Employee(s) Vendor Other: _____

Name: _____ Phone: _____ Email: _____

4

REASON FOR UNLOCK SERVICE:

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

Name (print) _____ Title _____

..... OFFICE USE ONLY

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