



**651 GATEWAY**  
**KEY REQUEST AUTHORIZATION**  
(Please print legibly)

Company: \_\_\_\_\_

Suite #: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

Office Phone #: \_\_\_\_\_

Lock Location: \_\_\_\_\_ *Example: Entry Door*

# On Key Requested: \_\_\_\_\_ *Example: AF15*

Number of New Keys Requested: \_\_\_\_\_

Pick Up Keys at Property Management Office: \_\_\_\_\_ **or** Deliver Keys To Suite: \_\_\_\_\_

Person Authorized to Receive Keys: \_\_\_\_\_

- **There is a \$3.00 charge for each key plus a 20% Service Fee.**
- **Your company will be billed separately.**
- **This charge is subject to change without prior notice.**

<i>Office Use Only</i>	
WO# _____	
Key Made for: _____	Hook: _____
Number of Keys: _____	
Completed By: _____	Date Issued: _____

**IT IS UNDERSTOOD BY THE ABOVE TENANT THAT TENANT IS RESPONSIBLE FOR RESTRICTING USE OF THIS KEY TO AUTHORIZED EMPLOYEES ONLY.**

*PLEASE RETURN THIS FORM TO THE GATEWAY MANAGEMENT OFFICE, STE. 930.*