

651 GATEWAY TENANT LOCK CHANGE AUTHORIZATION

(Please print legibly)

Company:		
Suite #:		
Authorized By:		
Name of Employee:		
Office Phone#:		
Lock Location:	Example: Entry Door	
# on key for Lock:	Example: AF15	
Number of New Keys	Requested:	
Date for Locks to be In	nstalled:	
	provide information on who to contact for information.	
	erty Management Office: or Deliver Keys to Suite:	
Person Authorized to F	Receive Keys:	
* The following is a list prior notice.	of charges associated with a lock change. These charges are subject	to change without
additional 20% service fe	k cylinder and provide two new keys. Additional keys are \$3.00 per keee. necessary the cost to <u>purchase a new lock cylinder</u> will be quoted prior to	
	Office Use Only	
Current Key:	New Key:	-
Hook:	Number of Keys:	-
Locksmith Charges:	Completed By:	-
Parts:		
Labor: Admin. Fee		
Total:	 WO#:	
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IT IS UNDERSTOOD BY THE ABOVE TENANT THAT TENANT IS RESPONSIBLE FOR RESTRICTING USE OF THIS KEY TO AUTHORIZED EMPLOYEES ONLY.