

KEY/LOCK REQUEST FORM

Form CT-04

1901 Avenue of the Stars

To order keys and locks, please complete this form, have an authorized person sign it and return it to the Office of the Building.

Tenant Name:					Contact Phone #:			
Suite No.:					Date:			
KEY REQUEST								
Location of Door		Key # (if known)	# of Keys		(To be completed by the Building Management)			
				Cost	per Key	Total Cost for Keys		
Suite Entrance				\$40.00				
Women's Restroom				\$40.00				
Men's Restroom				\$40.00				
Interior Door				\$4	40.00			
Mailbox				\$4	40.00			
Other				\$40.00				
		ADDITIONAL	KEY/LOCK SERVICES	DEOLIE	eT.			
(these s	ervices involve		ges which will be comp			ing Management)		
Location of Door		Request Type				Total Cost for Service		
						(To be completed by the Building Management)		
		☐ Rekey ☐ Install Lock ☐ Change Lock/Keypad Code						
		☐ Rekey ☐ Install Lock ☐ Change Lock/Keypad Code						
Your account will be billed in accordance with our standard practices for the requested services, including an administrative fee as applicable on third party charges. If you have any questions about how your charges will be calculated, please discuss them with us before submitting this form.								
Tenant Authorized Person:	Signature:							
	Type/print name & title:							

BUILDING MANAGEMENT USE ONLY				
Amount due:	\$	TLA #:		
Signature:		Date:		