



TENANT KEYING REQUEST FORM

TENANT or PRACTICE NAME: _____ SUITE #: _____

TENANT CONTACT: _____ PHONE: _____
(person to contact if more information is needed)

PLEASE COMPLETE ONE (1) FORM PER LOCKABLE DOOR

\$5 per key for additional or replacement keys

ENTRY DOOR – New tenants will receive two (2) ENTRY keys at no charge.

KEYS NEEDED BY (date): _____

Special Keying Instructions: _____

INTERIOR DOOR

QUANTITY: _____

KEYS NEEDED BY: _____

Special Keying Instructions: _____

Please return form to: Rhonda Pittman
9301 N. Central Expressway, Suite 335 - Tower II
Dallas, TX 75231

OR EMAIL TO: rpittman@remedymed.com

ORDER PLACED BY: _____
Authorized Tenant Representative's Signature Date

***This information is required at least two (2) weeks
prior to move in to avoid delays***