



## 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](mailto: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***