



TENANT KEYING REQUEST FORM

TENANT NAME: _____ SUITE #: _____

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

DATE NEEDED: _____

Description of keys/locks requested: _____

of keys needed

of locks to re-key

of locks to change

Please return form to: Remedy Medical Properties
9301 N. Central Expressway, Suite 580 - Tower II
Dallas, TX 75231

OR EMAIL TO: rpittman@remedymed.com or lcoke@remedymed.com

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