

# KEY REQUEST FORM

Date: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Tenant: \_\_\_\_\_

Suite No.: \_\_\_\_\_

Subtenant: \_\_\_\_\_

Suite No.: \_\_\_\_\_

Please enter the number and type of keys you are requesting:

NO. OF KEYS			SUBTOTAL
_____	Office Keys Key # _____	@ \$45.00	\$ _____
_____	Building/Parking Access Keys	@ \$25.00 Activation Fee (\$15.00 Refund if Found and Returned)*	\$ _____
_____	Women's Restroom Keys	@ \$25.00 (\$100.00 if Lost)*	\$ _____
_____	Men's Restroom Keys	@ \$25.00 (\$100.00 if Lost)*	\$ _____
_____	16 <sup>th</sup> Floor ADA Restroom Access Keys	@ \$25.00 Activation Fee (\$15.00 Refund if Found and Returned)	\$ _____
_____	Mailbox Key	@ Initial key, free of charge (\$100.00 if Lost)*	\$ _____

**TOTAL \$** \_\_\_\_\_

**PAYMENT: (NO CASH PAYMENTS)**

\_\_\_\_\_ **Check - Payable to: PIONEER PLAZA LLC**

\_\_\_\_\_ **Bill to Tenant Statement**

Payment Received By: \_\_\_\_\_

Billed by: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\* PRICES ARE SUBJECT TO CHANGE. FOR APPLICABLE REFUNDS, ALL FOUND AND/OR RETURNED ACCESS KEYS MUST BE RETURNED WITH THIS FORM & **WILL BE CREDITED TO TENANT STATEMENT**

Authorized By: \_\_\_\_\_

Subtenant: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_