



# KEY / ACCESS CARD REQUEST FORM

Please complete and return by email to [acharles@lpc.com](mailto:acharles@lpc.com).

Practice / Entity Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suite #: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

# of Keys \_\_\_\_\_ # of Access Cards / key fobs \_\_\_\_\_ # of Mailbox Keys \_\_\_\_\_

**ASSIGNED TO:**

Key	Card	Assignee Name
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

To be completed by Property Management

**Card / Fob number**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tenant Cost: \$ \_\_\_\_\_

PO # \_\_\_\_\_

PM Approval \_\_\_\_\_

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

Electronic signatures are acceptable.

Approved by: \_\_\_\_\_  
(Authorized Tenant Signature)

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

.....

Received by: \_\_\_\_\_  
(Authorized Tenant Signature)

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_