

520 BROADWAY

520 Broadway KEY/LOCK REQUESTS

TENANT: _____ SUITE _____

REQUESTED / AUTHORIZED BY: _____ DATE: _____
(Print name, title and signature)

LOCATION OF DOOR	KEY TAG	# OF KEYS *			
Suite entrance keys	_____	_____	x	\$10.00	= _____
Women's restroom keys	_____	_____	x	\$10.00	= _____
Men's restroom keys	_____	_____	x	\$10.00	= _____
Interior locks: Office #1	_____	_____	x	\$10.00	= _____
Office #2	_____	_____	x	\$10.00	= _____
Office #3	_____	_____	x	\$10.00	= _____
Office #4	_____	_____	x	\$10.00	= _____
Office #5	_____	_____	x	\$10.00	= _____
Mailbox # _____	_____	_____	x	\$10.00	= _____
Other: _____	_____	_____	x	\$10.00	= _____

PLEASE RE-KEY THE FOLLOWING LOCKS AND PROVIDE KEYS: *

Cylinder _____ x \$50.00 = _____
Provide Location(s): _____

DATE: _____	TOTAL AMOUNT _____
RECEIVED BY: _____ (Print name and signature)	
Keys will appear on your monthly rent state	

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