



HUDSON WALK ONE

Key / Device Replacement Form

(Tenant's Full Name)

(Tenant's Full Name)

(Tenant's Full Name)

(Tenant's Full Name)

Suite: _____ at 755 Caledonia Avenue, Victoria, BC, V8T 0C2

Phone: _____ Email: _____

REPLACEMENT KEY / DEVICE CHARGES

Type of Device	Quantity	Cost
<input type="checkbox"/> Lock Replacement	_____	\$ 150.00 each <small>Date of Lock Change _____</small>
<input type="checkbox"/> Suite Key	_____	\$ 50.00 each
<input type="checkbox"/> Building Entrance FOB	_____	\$ 75.00 each
<input type="checkbox"/> Mail Box Key	_____	\$ 50.00 each
<input type="checkbox"/> Parking Pass	_____	\$ 50.00 each
<input type="checkbox"/> Visitor Parking Pass	_____	\$ 50.00 each

Total: \$ _____

Prices are subject to change, and taxes may be added. All replacement charges are non-refundable

I/We, the undersigned, agree to the charges above for key replacement.

Requested By:

Received By:

Tenant's Name: _____

Tenant's Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

OFFICE USE ONLY

Received by: _____ **Date:** _____

Payment Received: \$ _____ **Form of Payment:** _____ **Type of Gov't ID Shown:** _____

Fob/Transmitter Activated by: _____ **Date:** _____