

1166 ALBERNI STREET



KEY REQUEST

24 HOURS NOTICE IS REQUIRED

Please email (service@petersonbc.com), fax (604.688.3245) or deliver the completed form to **PETERSON COMMERCIAL**.

Date: _____

Tenant Name: _____ Suite #: _____

Requested By: _____ Phone Number: _____

Email Address: _____

Employee Name	Key Number	Description	# of Copies

Please note that there is an extra charge for additional keys.

Tenant Authorization:

(authorized signature)

(print name & title)

Date Key(s) Received:

Key(s) Received By:

(signature)

(print name & title)