

KEY REQUEST FORM

24 HOURS NOTICE IS REQUIRED

Please email (service@petersonbc.com) or fax (604.294.9249).

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)