



Customer Lock Change Request

Customer Name _____

Address: _____ Unit: _____

City: _____ Date: _____ Time: _____

Contact Tel: _____ (please provide the best number to reach you and an alternate number)

Alternate Tel: _____

I request permission to change the locks to my leased premises.

I understand that, if approved, all work must be performed by a licensed and insured locksmith.

I understand that if work is not performed properly, that the necessary repairs can be deducted from my security deposit.

I must submit 3 copies of all new keys to Agent within 24 hours of job completion.

X

Resident

Received: _____ (date)

Agent Action

Approved: _____ Denied: _____