

**RANCHO SPRINGS MEDICAL PLAZA
KEY ACCEPTANCE FORM**

**Company/
Tenant Name:** _____ **Suite Number:** _____

Name of person receiving keys (please print): _____

Tenant received the following key(s) on _____ **:**
(Date)

Tenant Entrance _____

Inter-Office Door _____

Mail Box Door _____

Mail Box # _____

Other Door _____

Total Number of Keys Received: _____

**Signature of
Authorized Tenant:** _____ **Date:** _____

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