

# KEY REQUEST FORM

Please use this form to request new or replacement keys to your Suite or Mail Room/Box (if applicable) for your employees or sub-tenants. This form is to be filled out only by the Employer or Master Lessee authorized to assign keys to individuals.

**PROPERTY (Select One):**

**Below cost is for replacement/additional keys only – for re-keying we will provide an estimate.**

\_\_\_ Leamington Office Tower                      \$10.00 Each

\_\_\_ Rancho Springs Medical Plaza                      \$10.00 Each

\_\_\_ Hancock Medical Center                      \$10.00 Each

**Name of Person Authorizing Keys (please print):** \_\_\_\_\_

**Company/Tenant Name:** \_\_\_\_\_ **Suite Number:** \_\_\_\_\_

***Indicate type and quantity of each key below:***

FRONT DOOR                      \_\_\_\_\_                      MAIL BOX DOOR                      \_\_\_\_\_

Mail Box #: \_\_\_\_\_

INTER-OFFICE DOOR                      \_\_\_\_\_

REST ROOM DOOR                      \_\_\_\_\_

OTHER                      \_\_\_\_\_

**TOTAL KEYS  
REQUESTED:** \_\_\_\_\_

**Signature of person named above:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\$ \_\_\_\_\_ IS DUE WITH THE RETURN OF THIS FORM**

**Please Make Your Check Payable To:**

**Rancho Springs Medical Plaza, LLC  
1814 Franklin Street, Suite 700  
Oakland, CA 94612**

**Please return the completed form to:**

Portfolio Property Investors  
Attn: Administrative Assistant

**Fax:** (510) 839-2104  
**Email:** Brandij@ppi-ltd.com

*Please allow 48 business hours to process your request, thank you*

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Oakland, CA 94612

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