



KEY REQUEST - Acknowledgement of Responsibility

Hard keys will be provided to each tenant in the Medical Office Building (MOB), for their suite. CBRE will provide the tenant representative keys as requested. It will be the responsibility of the tenant to manage and keep track of the keys that are provided to them for their use. Loss of a key, by any tenant employee, will result in the necessary rekeying of the suite at the tenant's expense.

In reading the document, and by signing below, I acknowledge responsibility for the keys that I have received from CBRE. I also acknowledge the responsibility of the expense of any rekey that becomes necessary due to the loss of a key assigned to us. These keys may not be duplicated.

PLEASE SEND REQUEST FORMS TO: infoAK@cbre.com for processing.

KEY REQUEST INFORMATION

WORK ORDER REFERENCE #:

| | |
|-----------------------------|--|
| Date: | |
| Tenant Name: | |
| MOB/Suite | |
| Requested by: Print Name | |
| Number to call for pick up: | |
| Reason for key request: | |

| TYPE OF KEY (Suite or Office) | KEY CODE | DELIVERED | # OF KEYS | |
|-------------------------------|----------|-----------|-----------|-----------|
| | | | REQUESTED | DELIVERED |
| Suite | / | | / | |
| Dr Office | / | | / | |
| | | | | |

***This request form must be signed by the Lease Signatory/Condo Owner/ARH Administrator before submitting to CBRE.**

Practice Name _____ MOB _____ Suite # _____

Printed Name of Lease Signatory/Condo Owner/ARH Administrator _____ Signature _____

CBRE Manager Approval Yvonne Henrickson, SREM _____ Date _____

Keys picked up by (print name) _____ Signature _____ Date _____

Keys issued by (CBRE staff) _____ Date _____ Locksmith inv # _____ Master key log entry date
Initials