

KEY/LOCK REQUEST FORM

Form CT-04

Palisades Promenade

Tenant Name: Suite No.:				Contact P	Contact Phone #:	
			Date:		,	
			KEY REQUEST			
Location of Door		Key # (if known)	# of Keys		d by the Building Management)	
				Cost per Key	Total Cost for Keys	
Suite Entrance				\$40.00	\$ 0.00	
Women's Restroom				\$40.00	\$ 0.00	
Men's Restroom				\$40.00	\$ 0.00	
Interior Door				\$40.00	\$ 0.00	
Mailbox				\$40.00	\$ 0.00	
Other				\$40.00	\$ 0.00	
Location of Door					(To be completed by the Buildin Management)	
Location of Door		Request Type			(To be completed by the Buildin	
		Rekey Install Lock Change Lock/Keypad Code				
		Rekey Install Lock Change Lock/Keypad Code				
	party charges. I				ncluding an administrative fee a culated, please discuss them wi	
		Signature:				
Tenant						
Tenant Authorized Person:	Type/print na	me & title:				
Authorized		1	INC MANAGEMENT	ISE ONLY		
Authorized		1	ING MANAGEMENT L	SE ONLY	TLA #:	

If you have any questions, please contact the Office of the Building: 1333 Second Street, Suite 620, Santa Monica, CA 90401
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