



RESIDENT LOCK CHANGE REQUEST

Resident Name: _____

Address: _____ Unit: _____

City: _____ Date: _____ Time: _____

Contact Telephone: _____ (Please provide the best number to reach you and an alternate number)

Alternate Telephone: _____

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 form my security deposit.

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

Resident Signature Date

Agent Signature Date

Agent Action:
<input type="checkbox"/> Approved
<input type="checkbox"/> Denied