

# After Hours Unlock Service

Return completed form to Healthcare Realty:  
**FAX** 817.924.2228  
**EMAIL** CVodrazka@healthcarerealty.com  
**MAIL** 1565 West Magnolia Avenue  
 Fort Worth, Texas 76104

Tenant name: \_\_\_\_\_  
 Building address: \_\_\_\_\_ Suite #: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Requestor's email: \_\_\_\_\_

## Request details

|          |                     |                   |                    |                  |
|----------|---------------------|-------------------|--------------------|------------------|
| <b>1</b> | <b>DATES</b>        | <b>HOURS</b>      |                    |                  |
|          | Start date (M/D/YR) | End date (M/D/YR) | Start time (AM/PM) | End time (AM/PM) |
|          | _____ TO _____      | _____ TO _____    | _____ TO _____     | _____ TO _____   |
|          | _____ TO _____      | _____ TO _____    | _____ TO _____     | _____ TO _____   |
|          | _____ TO _____      | _____ TO _____    | _____ TO _____     | _____ TO _____   |
|          | _____ TO _____      | _____ TO _____    | _____ TO _____     | _____ TO _____   |

**2 LOCATION OF DOOR THAT REQUIRES UNLOCK SERVICE:** \_\_\_\_\_

**3 PERSON WHO REQUIRES UNLOCK SERVICE:**  
 Physician    Employee(s)    Vendor    Other: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**4 REASON FOR UNLOCK SERVICE:**

**AUTHORIZED BY:**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Electronic signature represented by blue type)

**Name (print)** \_\_\_\_\_ **Title** \_\_\_\_\_

