

Key Request Form

Please provide the following information in the spaces below. Note: This form must be filled out completely. If ordering more than two keys, please attach a separate piece of paper with additional employee information.

TENANT INFORMATION

Tenant Name: _____

Suite Number: _____

REQUEST (Check all that apply and indicate quantity)

Garbage Key _____

Suite Key _____

KEY HOLDER INFORMATION

(Last Name, First Name)

(Telephone Number)

(Last Name, First Name)

(Telephone Number)

Office Use Only

Key Fee: \$2.50

This form must be filled out by an authorized key coordinator

Vine & Elliott LLC

Please return via fax 206.443.5636, email to info@vinestreetstorage.com, or US Mail to 11 Vine Street, Suite A Seattle, WA 98121