Return completed form to Healthcare Realty:

FAX 585.8054
EMAIL hmamiya@healthcarerealty.com
MAIL 1401 South Beretania Street, Suite 390
Honolulu, Hawaii 96814

After Hours Unlock Service

OFFICE USE ONLY
Lease ID: _____

Date: _____ Tenant name: _____

Building: ☐ Pali Momi ☐ Kapi'olani W&C ☐ Hale Pawa'a Suite #: _____

Contact name: _____ Phone: _____ Email: _____

Request details

1 DATES

Start date (M/D/YR)		End date (M/D/YR)	**HOURS** Start time (AM/PM)		End time (AM/PM)
_____	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:

*** By signing below, tenant acknowledges and agrees that all charges associated with this request shall be charged back to the tenant's account.*

AUTHORIZED BY:

Signature _____ **Date** _____
(Electronic signature represented by blue type)

Name (print) _____ **Title** _____

OFFICE USE ONLY

Date: _____ WO#: _____ Total charges: $ _____ CM batch: _____

Revised Dec. 2015

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