

# After Hours Unlock Service

Return completed form to Healthcare Realty:  
**FAX** 980.999.1842  
**EMAIL** [kparker@healthcarerealty.com](mailto:kparker@healthcarerealty.com)  
**MAIL** 10115 Kincey Avenue, Suite 220  
 Huntersville, North Carolina 28078

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 \_\_\_\_\_

