HINES WARNER CENTER

	KEY ORDER FORM	I			
TENANT NAME	REQUESTING / CONTACT PE	REQUESTING / CONTACT PERSON		TELEPHONE	
BUILDING ADDRESS	FLOOR NUMBER	FLOOR NUMBER		SUITE NUMBER	
Keys requested and est	mated cost:				
X KEY / RE-KEY	KEY No. / OFFICE No	QUANTITY REQUESTED	PRICE PER UNIT	TOTAL COST	
1. KEY / RE-KEY					
2. KEY / RE-KEY					
3. KEY / RE-KEY					
4. KEY / RE-KEY					
5. KEY / RE-KEY					
TOTAL				li .	
	AS FOLLOWS: PER KEY IS \$3.00; PER RE-KEY I	IS \$50.00 FOR T	HE FIRST CYL	INDER AND \$15.0	
Tenant hereby authoriz	es the Office of the Building to provi ted. Tenant agrees to accept final bill				
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PRINT NAME AND TITLE	AUTHORIZED SIGNATU	RE		DATE	
Office of the Building	approval:				
PRINT NAME AND TITLE	SIGNATURE			DATE	