



# TURN-A-KEY LOCKSMITH RESTRICTED KEY REQUEST FORM

Party Responsible for Payment: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Building Address: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Circle one:

Master Key

User Key

Circle one:

Primus C123

Primus C

Medeco X4

Medeco M3

Platinum

MX

List any stamps on the keys (numbers and/or letters):

\_\_\_\_\_

Method of Receiving:    Pickup    Mail (\$10 shipping)    Deliver (\$65-\$95 service call)

Shipping/Delivery Address: \_\_\_\_\_

Property Manager (if applicable): \_\_\_\_\_

Additional Notes:

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Please note that High Security Patent Restricted Keys can only be obtained through authorized personnel and require a State issued ID to be provided upon receiving.

***Please send this completed form to [taklockservice@gmail.com](mailto:taklockservice@gmail.com)***

Turn-a-Key Locksmith Approval:

Approved

Rejected