

1099 Alakea Street, Suite 2440, Honolulu, HI 96813 Phone: (808) 523-1599 / Fax: (808) 545-3656 Email: aliiplace@avisonyoung.com

Key / Fob Request Form

Date:

Company:		-	
Tenant (write Suite#) or Monthly Parker:		-	
KEY REQUEST (cost per key is \$5.00 + tax) Insert total number of keys per location: Suite Key:	If more than 10 FOBs, p	oer FOB is \$15.00 + tax) blease attach list with this form. FOB #	
Nomen's Restroom:	2	FOB #	
Men's Restroom:	3	FOB#	
Mailbox:	4	FOB #	
REQUESTED BY: Printed Name: Fitle:	6	FOB # FOB # FOB #	
Signature:	8	FOB #	
	9	FOB #	
COLLECTED BY (signed upon pick-up):	10	FOB #	
Printed Name: Fitle: Signature:	For Manage Total taxed amount to refle	For Management Office Total taxed amount to reflect on next billing statement:	
Date:			

PLEASE NOTE: If requester is "Monthly Parker" (not a Tenant of Alii Place), Total Taxed Amount is due upon FOB pick-up, payable by check to "HONCRE1 LLC".

Monthly Parkers are due to an annual reverification for FOB usage one (1) year from pick-up date.