



# WHITE PLAINS HOUSING AUTHORITY

## KEY REQUEST FORM

<u>REPLACEMENT KEYS</u>	<u>ADDITIONAL KEYS</u>	<u>LOCK CHANGE</u>
<input type="checkbox"/> APARTMENT _____ <input type="checkbox"/> MAILBOX _____ <input type="checkbox"/> BUILDING _____	<input type="checkbox"/> APARTMENT _____ <input type="checkbox"/> MAILBOX _____ <input type="checkbox"/> BUILDING _____	<input type="checkbox"/> APARTMENT _____ <input type="checkbox"/> MAILBOX _____

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone # \_\_\_\_\_

### ADDITIONAL KEYS

#### AUTHORIZED

#### UNAUTHORIZED

Name: _____ Age _____ Name: _____ Age _____	Name: _____ Age _____ Name: _____ Age _____
Name: _____ Age _____ Name: _____ Age _____	Name: _____ Age _____ Name: _____ Age _____

RESIDENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

KEYS APPROVED: _____	KEYS NOT APPROVED: _____
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RESIDENT RELATIONS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

FOR FACILITIES MGMT ONLY FOB: 1) _____ 2) _____ 3) _____ 4) _____	REPLACEMENT KEYS   SIGNATURE _____ DATE _____
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