



Resident Lock Change Request

Resident Name: _____

Address: _____ Unit: _____

City: _____

Date: _____ Time: _____

Best contact #: _____

I request permission to change the locks to my leased premises.

I understand that, if approved, all work must be performed by a licensed and insured locksmith.

I understand that if work is not performed properly, that the necessary repairs can be deducted from my security deposit.

I must submit 3 copies of all new keys to Frontline Property Management within 24 hours of job completion.

 X
Resident

For Office Use Only

Date received: _____

Approved: _____

Denied: _____