



# FRONTLINE

Property Management, Inc.

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## Resident Lock Change Request

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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

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For Office Use Only

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Date received: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_