



TEL: 718-374-5072

www.allboroprop.com

FAX: 718-374-5073

RESIDENT SELF PERFORMED LOCK CHANGE REQUEST

RESIDENT NAME: _____

ADDRESS: _____ UNIT: _____

CITY: _____ DATE: _____ TIME: _____

CONTACT TEL: _____ (please provide the best number to reach you and an alternate number)

ALTERNATE TEL: _____

I, _____ here by 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 acknowledge that I must submit 3 copies of all new keys to Agent within 24 hours of job completion.

Tenant name

Tenant signature

Date

Upon execution of this request, please return to our office.

****OFFICE USE ONLY****

AGENT ACTION

APPROVED _____ DENIED _____ DATE: _____

Reason: _____
