



Restricted Key Authorization Form

302 W. Katella Avenue ❖ Orange, CA ❖ 92867
(714) 633-1499 ❖ FAX (714) 633-0199

Key order card on file: **Y / N**

Section

1	Customer:		Set up date:	
	Address:		Contact:	
	City:	State:	Zip Code:	
	Phone:	Ext.:	Fax:	Service Technician:
	Manufacturer:		Keyway:	MK System:

Date	Authorized Name	Authorized Signature	Driver's License

Date	Qty	Key Designation	Door Location	Key Code

If a Mul-T-Lock or Medeco card customer elects to keep their card, they must present their card in order to have additional keys made.

Mul-T-Lock and Medeco Customers: To facilitate key cutting on a continuous basis, I hereby request that Comlock retain the Mul-T-Lock/Medeco key order card # _____.

4 I may request the card back at any time.

_____	_____	_____	_____
Date	Authorized Name- Print	Authorized Signature	Driver's License

Restricted Key Requirements:

1. Authorized signatures & drivers license #'s must be on file in our store prior to obtaining a key. There are no exceptions.
2. Only authorized individuals can authorize work at facility/home.
3. Only authorized individuals can order and receive keys.

5 I understand the above requirements:

_____	_____	_____	_____
Date	Authorized Name- Print	Authorized Signature	Driver's License