



1625 K STREET
KEY RETURN

Tenant Name: _____
Suite: _____

Date: _____

Please indicate the number of keys to be returned.

- Main Suite entrance door: _____
- Back door (keyed same as main door? Yes No) _____
- Restroom – women _____
- Restroom – men _____
- Postal Keys _____
- Itemized rooms by architectural number
 - a. _____
 - b. _____
 - c. _____
- Other _____

Name

Signature

Title

Date