



***HANCOCK MEDICAL CENTER  
KEY ACCEPTANCE FORM***

**Company/  
Tenant Name:** \_\_\_\_\_ **Suite Number:** \_\_\_\_\_

**Name of person receiving keys (please print):** \_\_\_\_\_

**Tenant received the following key(s) on** \_\_\_\_\_ **:**  
*(Date)*

**Tenant Entrance** \_\_\_\_\_

**Inter-Office Door** \_\_\_\_\_

**Mail Box Door** \_\_\_\_\_

**Mail Box #** \_\_\_\_\_

**Total Number of Keys Received:** \_\_\_\_\_

**Signature of  
Authorized Tenant:** \_\_\_\_\_ **Date:** \_\_\_\_\_