

Key Card/FOB Access Request

Owner's Name: _____

Address: _____

Tenant's Name (if applicable): _____

Phone number to be associated with key card/fob: _____

4 Number Pin: _____

- Activate New Device
- Damaged Device -Need new
- Lost Device – Need new
- Deactivate
- Reactivate – stopped working (no charge)

There is a \$50 charge for each key card/fob.
Checks should be made payable to Duval Realty, Inc.

Signature of owner/agent

Date

OFFICE USE ONLY

New Access card/fob #: _____