

# AUTHORITY TO DUPLICATE "DO NOT DUPLICATE" KEYS FORM

COMPANY NAME \_\_\_\_\_

Whereas, the undersigned individual(s) and/or company authorizes **ARGENS** to duplicate certain keys which are marked "Do Not Duplicate."

**Note:** All changes to locks must have approval in writing from the Property Management Team.

At the request of the undersigned, **ARGENS** is authorized to duplicate any such keys at the request of the following officers or agents of the company: Argens Incorporated, 84 S. Main Street Seattle, WA 98104 (206) 623-2662

Person(s) authorized to purchase duplications of keys which are marked "Do Not Duplicate":

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please type or print)

This individual and/or company agrees to hold **ARGENS** and its officers or agents harmless from any claim, liability, or lawsuit arising from this authorization.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

COMPANY NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OFFICER'S NAME \_\_\_\_\_

TITLE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

OFFICER'S SIGNATURE \_\_\_\_\_

Check here \_\_\_\_\_ if authorization supersedes all others.