

Dr Lock Restricted Key Authorisation Password Form

This form is used to allow owners of a restricted key system easy access to key duplication online.

Once this form is filled in by the current authorising person, and faxed back to Dr Lock, a password can be used online to reorder more keys. Only the authorising person will be able to complete this form. If any other person tries to submit this form and they are not authorised, the form will be rejected.

All applications will be verified with verbal confirmation with the authorising person on our records.

You must complete this form and fax it back . 02 989 12349

I would like to use a password for the purpose of ordering more keys for my security key system.

Your Name
Your Email.....
Your Phone Number.....
System Address
Your Key System Number On Back Of Key.....
Your Position
Your Signature.....
Date.....
Your new password
Address To Send Keys to

I understand that the password can be changed at any time by faxing a letter with my signature to Dr Lock in the event that the password is no longer secure. I take full responsibility for the password and keeping it safe and also take responsibility for where I request keys to be sent.

Do you agree / Yes Please sign

In the event of a request for more keys, that does not have authorisation, we will inform you, If we need to confirm any request, we will call you.