

MEDECO RESTRICTED KEY CHANGE OF OWNERSHIP FORM

(THERE IS A \$55.00 CHANGE OF OWNERSHIP FEE)

CUSTOMERS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

KEY REFERENCE NUMBER: _____ (STAMPED ON KEY)

I _____ DO HEREBY CERTIFY AND ATTEST THAT I AM AUTHORIZED BY
(CUSTOMERS NAME)

THE **WESTWOOD-BEVERLY HILLS LOCKSMITH** COMPANY TO PLACE ORDERS & CHANGE

AUTHORIZED SIGNERS TO PLACE ORDERS FOR **MEDECO BIAXIAL** KEYS OF A RESTRICTED

NATURE. I FURTHER ASSERT THAT I AM REMOVING MYSELF AND ALL PERSONS CURRENTLY

LISTED TO MAKE **MEDECO BIAXIAL** KEYS FOR THE ABOVE REFERENCE NUMBER AND

ADDRESS. I ALSO WISH TO TRANSFER ALL KEYS AND LOCKS AT THIS ADDRESS TO THE

PERSONS LISTED BELOW.

I ALSO MAKE THE STATEMENT THAT I HEREBY RELIEVE THE **WESTWOOD-BEVERLY HILLS**

LOCKSMITH COMPANY OF ANY LIABILITY OR CULPABILITY REGARDING THE

MISAPPROPRIATION OF KEYS WITH THE SPECIFIC CODE DESIGNATIONS ASSIGNED TO ME AS

A RESULT OF IMPLEMENTING THIS DOCUMENT. **I AM ALSO AWARE THAT THE NEW OWNER**

MUST PAY A \$45.00 CHANGE OF OWNERSHIP FEE BEFORE BEING ABLE TO MAKE ANY

FURTHER MEDECO KEYS.

1. _____

(PERSON BEING ADDED)

2. _____

(PERSON BEING ADDED)

3. _____

(PERSON BEING ADDED)

CUSTOMERS SIGNATURE: _____

DATE: _____

DRIVERS LICENSE OR I.D.# _____