

MEDECO RESTRICTED KEY AUTHORIZED SIGNER REMOVAL FORM

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 THE PERSONS LISTED BELOW WHOSE SIGNATURES ARE
NOW ON FILE ARE NO LONGER AUTHORIZED TO PLACE SUCH ORDERS AND SHOULD BE
REMOVED FROM YOUR RECORDS AS AUTHORIZED INDIVIDUALS.

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.

1. _____
(PERSON BEING REMOVED)

2. _____
(PERSON BEING REMOVED)

3. _____
(PERSON BEING REMOVED)

CUSTOMERS SIGNATURE: _____

DATE: _____

DRIVERS LICENSE OR I.D.# _____