MEDECO & MUL-T-LOCK HIGH SECURITY LOCKS

RESTRICTED KEY AUTHORIZED SIGNER REMOVAL FORM

CUSTOMERS NAME:		
ADDRESS:		
PHONE NUMBER:		
KEY REFERENCE NUMBER:	(STAMPED (ON KEY OR LOCATED ON MUL-T-LOCK CARD)
I DO HEREBY CERTIFY AND A	TTEST THAT I AM AUTH	ORIZED BY THE WESTWOOD/BEVERLY
HILLS & CULVER CITY LOCKS	SMITH COMPANY TO PL	ACE ORDERS & CHANGE AUTHORIZED
SIGNERS, TO PLACE ORDERS	FOR MEDECO BIAXIA	L OR MUL-T-LOCK INTERACTIVE KEYS OF A
RESTRICTED NATURE. I FURT	HER ASSERT THAT TH	E PERSONS LISTED BELOW WHOSE SIGNA-
TURES ARE NOW ON FILE ARI	E NO LONGER AUTHOR	RIZED TO PLACE SUCH ORDERS AND
SHOULD BE REMOVED FROM	YOUR RECORDS AS A	UTHORIZED INDIVIDUALS.
I ALSO MAKE THE STATEMEN	T THAT I HEREBY RELIE	EVE THE WESTWOOD/BEVERLY HILLS &
CULVER CITY LOCKSMITH CO	MPANY OF ANY LIABIL	ITY OR CULPABILITY REGARDING THE MIS-
APPROPRIATION OF KEYS WI	TH THE SPECIFIC COD	E DESIGNATIONS ASSIGNED TO ME AS A
RESULT OF IMPLEMENTING T	HIS DOCUMENT.	
1(NAME OF PERSON BEING REM	101/50)	
•	•	
2. (NAME OF PERSON BEING REM	OVED)	
3. (NAME OF PERSON BEING REM	OVED	
(NAME OF PERSON BEING REM	OVED)	
	CUSTOMER SIGNATUR	RE:
	DATE:	
	DRIVERS LICENSE OR	I.D.#

PLEASE NOTE THERE IS A \$15.00 PROCESSING FEE PER FORM