

**KEY REQUEST FORM**

Date: \_\_\_\_\_

I \_\_\_\_\_, representing \_\_\_\_\_  
Name Firm

request \_\_\_\_\_ key(s) to \_\_\_\_\_.  
Number Office Name

Please fill in all spaces on the sample key below. This information is very important in expediting your key request.

\_\_\_\_\_  
Authorized Signature

Key I.D. # \_\_\_\_\_

Please complete and return to: Cousins Properties Incorporated  
800 West Trade St  
Suite 100  
Charlotte NC 28202  
Fax 704-683-0116