

Building Access Card Request

Tenant Company: _____

Suite No: _____

Telephone No: _____

Recipient's Full Name: _____

(Last name, First name, Middle initial)

Personnel Type: _____

(C=Contractor, V=Visitor, P=Permanent)

Floors Eligible for Access: _____

Please Select Action

New Employee / New Card () Replacement Card: Lost/Stolen* () Damaged ()

Void Card () *(Individual no longer working at Tenant company)*

Authorization

Authorized Signature: _____

(Must be on company's list of authorized signature holders)

Date: _____

**NOTE: An \$18.00 replacement fee will be charged for all lost, stolen or damaged Cardkeys.*

For Property Management Office Use Only

Security Initial _____

Card ID No. _____

Date Completed _____

Bill Tenant: Yes () No ()