

# ACCESS CARD REQUEST FORM

Please complete and return this form for each employee that is to receive a building or parking access card. All charges will appear on your monthly invoice. We ask that you please TYPE or PRINT CLEARLY all information. (Please note that cards will not be issued unless all required information is provided, including vehicle information.)

## ***PERSONAL INFORMATION***

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

TENANT NAME: \_\_\_\_\_ SUITE NUMBER: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ EXTENSION: \_\_\_\_\_

## ***VEHICLE INFORMATION***

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ PLATE: \_\_\_\_\_ STATE: \_\_\_\_\_

## ***ACCESS CARD INFORMATION***

( Circle One )

NEW            CHANGE            LOST            CANCEL (If canceling, card number: \_\_\_\_\_)

BUILDING ACCESS            None            Always            Bldg Hours            Other \_\_\_\_\_

PARKING ACCESS            None            Always            Bldg Hours            Other \_\_\_\_\_

ELEVATOR ACCESS            None            Always            Bldg Hours            Other \_\_\_\_\_

ACCESS TO FLOOR(S): \_\_\_\_\_

## ***APPROVAL INFORMATION***

Tenant hereby acknowledges and agrees that upon loss of or damage to employee's keycard, such tenant shall be required to pay \$35.00 to Management for the replacement cost of a new keycard.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## ***FOR BUILDING MANAGEMENT USE ONLY***

Card Number Assigned: \_\_\_\_\_ Charge to Tenant: \_\_\_\_\_

Cancelled/Assigned By: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign here when card is received. It is understood that lost or stolen items should be immediately reported to Milbank for removal from the system.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_