



Access Card Request

IMPORTANT: This form is to be filled out for all access card cancellations, new or replacement cards and suite entrance keys.

Company name:		Suite No:
Tenant representative first and last name:		Title:
Telephone:	Email address:	
Signature:	Date submitted dd-mm-yyyy:	

PLEASE NOTE: There is a \$25.00 fee for additional replacement cards.

First and last name (Please indicate card number if applicable)			
New Card Request <input type="checkbox"/>	Card cancellation request <input type="checkbox"/>	Card replacement request <input type="checkbox"/>	Access modification <input type="checkbox"/>
Floor(s) & suite(s) number:	24-hour access: <input type="checkbox"/> YES <input type="checkbox"/> NO	Access time from:	Access time to:
Effective Date:			

First and last name (Please indicate card number if applicable)			
New Card Request <input type="checkbox"/>	Card cancellation request <input type="checkbox"/>	Card replacement request <input type="checkbox"/>	Access modification <input type="checkbox"/>
Floor(s) & suite(s) number:	24-hour access: <input type="checkbox"/> YES <input type="checkbox"/> NO	Access time from:	Access time to:
Effective Date:			

First and last name (Please indicate card number if applicable)			
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Floor(s) & suite(s) number:	24-hour access: <input type="checkbox"/> YES <input type="checkbox"/> NO	Access time from:	Access time to:
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First and last name (Please indicate card number if applicable)			
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Floor(s) & suite(s) number:	24-hour access: <input type="checkbox"/> YES <input type="checkbox"/> NO	Access time from:	Access time to:
Effective Date:			

This section of the form is to be completed by the management office.

Received by:	Date dd-mm-yyyy:	Time
To be charged to tenant: <input type="checkbox"/> YES <input type="checkbox"/> NO		