

**SECURITY ACCESS CARD
EMPLOYEE INFORMATION SHEET**

Date Submitted: _____

Card Number: _____

<input type="checkbox"/> New Card	<input type="checkbox"/> Existing Card	<input type="checkbox"/> Change	<input type="checkbox"/> Deletion
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Please Print or Type Clearly

Full Name: _____

Building Address: _____

Employer: _____ Suite #: _____

Work Phone: _____ Emergency Phone: _____

Please Check Appropriate Space Below:

Tenant Employee: _____ Contractor: _____ Visitor/Temp. Employee: _____

If Contractor, List Company Name and Telephone Number: _____

PLEASE CHECK THE APPROPRIATE SPACES BELOW

[**Building Access**]

Main Lobby Normal Business Hours (7:00 a.m. to 6:00 p.m.): _____

Main Lobby 24-Hour Access: _____

Main Lobby Access Other (please specify times): _____

Elevator Access Floor(s): _____

Elevator Access 24-Hours: _____

Elevator Access Normal Business Hours: _____

Activation Date: _____ Deactivation Date: _____

A \$10.00 charge will be required for all cards issued.

Authorized Tenant Contact Approval: _____

PLEASE DO NOT WRITE BELOW

Date Issued: _____ Replacing Lost Card# _____ Initials: _____ *Card Not Returned*

Date	Lost Card#	New Card Issued		Card Being Returned	Date Returned	Signature (Receiving Refund)