

ACCESS CARD REQUEST

Property Name: SAF 100 N Central, Ltd

Company Name _____

Suite #: _____ Sq. Ft. _____ Quantity of cards Allotted: _____ Quantity already assigned: _____
(1 card per 333 sq. ft.)

Request: _____ New Card _____ Name/Status Change _____ Deactivate Card
_____ Replacement Card _____ Duplicate Card

Card Holder Name: _____
(Please Print Name)

Card #: _____

Card Holder Name: _____
(Please Print Name)

Card #: _____

Card Holder Name: _____
(Please Print Name)

Card #: _____

Effective Date: _____

Comments:

Access cards are Landlord's property and must be returned upon request.
There is a \$10 charge for each new or replacement (lost or damaged) card. There will be a \$10.00 charge for any non-returned card upon move-out. New card requests within allotment will not incur a charge.

Please invoice us for _____ card(s)

Authorized Signature:

Printed Name:

Date