

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):		Floor(s) and suite number(s):	24 Hour access: <input type="checkbox"/> YES <input type="checkbox"/> NO
New card request: <input type="checkbox"/>	Card cancellation request: <input type="checkbox"/>	Card replacement request: <input type="checkbox"/>	Access modification: <input type="checkbox"/>
Access time from:		Access time to:	
Please provide any additional information or comments:			

First and last name (Please indicate card number if applicable):		Floor(s) and suite number(s):	24 Hour access: <input type="checkbox"/> YES <input type="checkbox"/> NO
New card request: <input type="checkbox"/>	Card cancellation request: <input type="checkbox"/>	Card replacement request: <input type="checkbox"/>	Access modification: <input type="checkbox"/>
Access time from:		Access time to:	
Please provide any additional information or comments:			

First and last name (Please indicate card number if applicable):		Floor(s) and suite number(s):	24 Hour access: <input type="checkbox"/> YES <input type="checkbox"/> NO
New card request: <input type="checkbox"/>	Card cancellation request: <input type="checkbox"/>	Card replacement request: <input type="checkbox"/>	Access modification: <input type="checkbox"/>
Access time from:		Access time to:	
Please provide any additional information or comments:			

PLEASE NOTE: There is a separate fee for key-cutting services.

First and last name (Please indicate card number if applicable):		Floor(s) and suite number(s):	
New key request: <input type="checkbox"/>	Key cancellation request: <input type="checkbox"/>	Key replacement request: <input type="checkbox"/>	Key request modification: <input type="checkbox"/>
Please provide any additional information or comments:			

First and last name (Please indicate card number if applicable):		Floor(s) and suite number(s):	
New key request: <input type="checkbox"/>	Key cancellation request: <input type="checkbox"/>	Key replacement request: <input type="checkbox"/>	Key request modification: <input type="checkbox"/>
Please provide any additional information or comments:			

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