



Access Card Assignment Paces West

(Tenant Contacts: Please attach this form to Angus work order. Security will notify you when the card is ready for pick up at the security desk.)

Company Name: _____ Suite: _____

Employee Name: _____
Last First Middle Initial

Title: _____ Work Phone Number: _____

Vehicle Information:

1. _____ / _____ / _____ / _____ / _____ / _____
Plate Number State Make Model Year Color

To Be Completed By Tenant Contact Only:

Card Type of Access: (Check One)

NEW _____ DAMAGED _____ LOST _____ RE-ISSUE _____ TERMINATED _____

- 1. After Hours (7 Days a Week, 24 Hours a Day/Building Main Entrance)
- 2. Health Club Access – form must be attached

Manager's Name: _____ Manager's Phone: _____
Authorized Signature: _____ Date: _____ Dept. #: _____

.....
For Crocker Partners Office Use Only:
.....

System Administrator: _____
Card Number: _____
Date Issued/Deleted: _____

.....
Cards (new, lost, damaged) are \$10.00 each will be billed to the tenant's account

TOTAL BILLED TO TENANT \$ _____

APPROVAL _____

CARD RECEIVED BY: _____ Date: _____