

**Tenant Name:** 

## **BUILDING ACCESS CARD REQUEST FORM**

Form CT-05 Coral Plaza

Contact Phone #:

To request new or changed access cards to the building for your employees, please complete this form, have an authorized person sign it and return it to the Office of the Building.

Suite No.:					Date:		
paperwork with the p	arking company. Pleas	se note t	loor. If you also want acces there will be a \$50.00 nones s card and \$5.00 fee to de	-refund	able activation fee		
PLEASE ISSUE NE	EW ACCESS CARD(S	) AS FO	LLOWS:				
Employee Name	Access Ho (if limited		Floor(s)	Effective Date		Access Card # (To be completed by the Building Management)	
PLEASE RE-ASSIG	GN ACCESS CARD(S	AS FO	LLOWS:				
Access Card #	New Employee	Name	Access Hours (if limited)	Floor(s)		Effective Date	
PLEASE DE-ACTIV	VATE THE FOLLOWIN	IG ACCI	ESS CARD(S):				
Access Card #		Employee Name			Effective Date		
If you need more spa	ace, please add additio	onal copi	ies of this form.				
Tenant Authorized Person:	Signature:						
	Type/print name & title:						

Please remember to inform us promptly if there are any changes or when a card is lost or stolen.

BUILDING MANAGEMENT USE ONLY						
Amount due:	\$	TLA #:				

Signature:	Date: