Remedy

Access Control Card Request Form

Please submit this request to the management office by email to a member of your management team. The access cards assigned to your suite are your responsibility. Broken, lost or stolen keys will be charged a replacement fee of $10.00 per card.

Building Name:_____

Tenant Name: _____

Suite # _____ Phone: _____

Select One: New Employee _____ Replacement Key _____

Employee Name: _____

Email:_____ Phone: _____

Access Needed: _____

By requesting 24-hour access card, you are authorized to access the building after-hours and on holidays when the building is locked to the general public.

You acknowledge that building security is the responsibility of card holders and any lost, stolen or terminated employee cards will be reported immediately to the management office for deactivation and reissue where applicable:

Requested and Acknowledged By: _____

Printed Name: _____

Date Requested: _____

For Management Office Use Only:

Card Number: _____ Date Assigned: _____

Deactivation Requested By: _____

Reason: Lost ____ Broken ____ Stolen _____ Employee Termination ___ Other: ____