

CRYSTAL PARK PLAZA

Request for Access Card

The building doors will be unsecured from 7:00 a.m. until 6:00 p.m. Monday through Friday, and 7:00 a.m. until 1:00 p.m. Saturday, except holidays and Sundays. All other times an access control card should be used for building entry. **Lost or non-returned cards will be charged at \$25.00 per card.**

To Be Completed by Tenant's Employee

Employee Name: _____ Auto Make: _____
Department: _____ Auto Year: _____
Supervisor: _____ Auto Model: _____
Drivers License Number: _____ Auto Color: _____
Drivers License State: _____ License Plate: _____
State: _____

To Be Completed by Tenant's Authorized Representative

Date: _____
Company Name: _____
Suite Number: _____
Authorized Representative: _____
Signature: _____
Phone Number: _____

Must Be Completed:

New / Replace / Modify / Cancel (Please Circle)

Lobby Doors: Yes/No
Authorized Overtime Air Conditioning Request: Yes/No

Must Be Completed:

Access Times: (Please Check)

- Mon-Fri 7:00 am—6:00 pm
 Sat 7:00 am—1:00 pm
 Mon-Fri 24 Hours
 Mon-Mon 24 Hours
 Other

To Be Completed by Management Office

Date Received by Management: _____
Date of Activation: _____

Tenant understand and agrees: (i) that all access cards remain the property of the Owner and must be returned at Owner's request; (ii) to keep the Owner informed in writing of any transfers of the access card or of any change in the information above; (iii) that the access control system does not guarantee the safety of any individual nor Tenant's assets; (iv) that safety and security is foremost depending on the acts and behavior of each individual; (v) to pay for all cost resulting from the loss of the access card, the misuse of the access control system or non-compliance with Owner's rules and regulations; and (vi) that except justified emergency. **Owner will use its best efforts to process any request within two full business days after the day of receipt of the proper documents.**

To Be Completed by Tenant at Reception of the Access Card

I understand: _____
Authorized Signature: _____ Date: _____