

BUILDING CARD ACCESS REQUEST FORM

Date: _____

Addition _____ Deletion _____ Information Change _____

Employee Name: _____

Company: _____

Department: _____

Suite Number: _____

Phone Number: _____

24 Hour Access Authorized: Yes _____ No _____

Tenant Representative Authorized Signature: _____

Print Tenant Representative Name: _____

Please be advised that in the event a card is lost, stolen or not returned by the cardholder, a \$15 replacement fee will be assessed by building management to the tenant. Please return to: Susannah.jenkins@brookfieldproperties.com

FOR OFFICE USE ONLY

EXTERNAL NUMBER: _____

INTERNAL NUMBER: _____