

Plaza of the Americas Access Card Request Form

Purpose: Must be filled out and brought to the Management Office to provide after-hour access to the building for employees.

Tenant Employee Information

Last Name: _____

First Name: _____

Company Name: _____

Suite # _____

Building: North or South

Employee Phone number _____

Employee Signature: _____

Access Badge Information (To Be Completed By Authorized Tenant Contact):

Activation:

New card request _____

Deletions:

Replace lost/broken card _____

Deactivate card _____

Card returned to security Yes or No

Authorized By (Tenant Contact): _____

TO PREVENT UNAUTHORIZED USE, PLEASE REPORT LOST CARDS TO THE MANAGEMENT OFFICE. THERE WILL BE A \$ 15.00 CHARGE TO REISSUE ACCESS CARDS.

Please return access badges upon the employee's termination or transfer from the building.



THIS SECTION TO BE COMPLETED BY SECURITY PERSONNEL ONLY

Card No. Issued: _____ Date Issued: _____

Card No. Cancelled: _____ Date Cancelled: _____

Security Employee Signature: _____

Please bring this form with you to the Management Office-South Tower, Suite 202-to obtain an access badge: Monday and Fridays 8am- 11am or 1pm – 2pm