

Charlotte Plaza

ACCESS CARD AUTHORIZATION REQUEST FORM

Card Number: _____
To be completed by Security

Tenant: _____

Employee Name: _____

Contact Number: _____

Email: _____

Please choose one:

New Card Replacement Card Reassign Existing Card Number _____

Terminate Access Card Number _____

Please choose one:

New Employee Current Employee Contractor _____ Other _____

Authorized Request: (Please check one)

Unlimited (including after hours)

Monday through Friday (including after hours) from floor _____ to _____

Holidays and Weekends (including after hours) from floor _____ to _____

Deactivate this card. Please choose reason for deactivation:

Lost Broken/Not working Terminated

Other _____

THE OFFICE OF THE BUILDING MUST BE NOTIFIED IMMEDIATELY IF ACCESS CARD IS LOST OR STOLEN OR IF EMPLOYEE IS NO LONGER AUTHORIZED FOR AFTER-HOURS ACCESS TO THE BUILDING.

Date: _____ Authorized Representative: _____

Print Name of Representative: _____