

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: _____