

# 77 WEST WACKER

## Building Security Access Card Form



**For Official Use Only:**  
Assigned Access Card #:

Replacement Card New #:

**Please Check One:**

New Hire/Rehire

Change Access Level — (Adding parking?  Yes  No)

Termination/Resignation — Cancel immediately

Card Does Not Work — Please check card programming

Replacement Card:  Lost  Damage

Building Directory:  Activate  Disable

How would you like your name to appear on the directory?

\_\_\_\_\_  
Suite #

**Please Note the Following:**

Employee Name:

Phone Number:

Company Name:

Suite Number:

Authorized Access, Indicate Floor(s) and/or Door(s):

Garage Parking?:

Yes  No

Parking Space #:

Vehicle #1 Description: Year:

Make:

Model:

License Plate #:

Vehicle #2 Description: Year:

Make:

Model:

License Plate #:

Employee Signature:

Date:

Authorizing Manager Signature:

Date:

This form only authorizes person indicated above. It is not valid without an authorized signature. This card will grant after hours access or parking garage privileges as indicated above to the person it is issued to. If this is a replacement access card request, the appropriate fee will be applied to your next billing statement. We are not responsible for lost or stolen cards.

Upon completion of this form, please submit to the Office of the building — Attention: Security Department. Information will be entered into the system and card(s) will be delivered to your suite.

**For Office Use Only:**

Date Received:

Date Completed:

W/O#: