Fax: (604) 688-7930

900 WEST HASTINGS

CARD ACCESS AUTHORIZATION

SECTION A *To be completed by **building management***

○ New

○ Replacement – *old card number*:_____

○ Cancelled - *date* _____

Card Number: _____

Date Issued: _____

Date Returned: _____

Comments/Other Information: _____

_____

_____

_____

SECTION B *To be completed and signed by **employer/authorized representative** of the tenant*

ACCESS CARD/KEY FOB TO BE ISSUED TO:

Name: _____
surname first name initial(s)

Position/Title: _____

Tenant Name: _____

TENANT AUTHORIZATION: We hereby request that a building access card for after-hours access to the _____ floor(s) be issued to the above person.

X_____
authorized signatory

_____ _____
date name and position

SECTION C *To be signed by the **employee** upon receipt of the access card/key fob*

I hereby acknowledge receipt of the access card/key fob (the number on the back of the access card/key fob should match the card number noted above). I agree that I will be solely responsible for this access card/key fob, and that I will not allow anyone else to use my access card/key fob at any time. I will return the access card/key fob to building management upon demand. I understand and agree that if I do not return the access card/key fob upon demand, or if the access card/key fob is lost or stolen, I will be responsible for the cost to replace the access card/key fob of $20.00. I agree to abide by all rules and regulations relating to after-hours access as set from time to time by building management.

_____ X_____
date signature