



Access Card Request Form

Top portion of form to be completed by authorized requestor. Please email completed and signed form to mjones@lfrep.com.

Company Name: _____

Building Address: _____

Phone Number: _____ Suite No.: _____

Start Date: _____ Expiration Date: _____

The undersigned requests the following (please print):

New Card Order Assigned to: _____ Card #: _____

Reactivate Card #: _____ and re-assign to: _____

Deactivate Card #: _____

Employee no longer with company

Card has been lost

Card is not working

Type of Access:

Building Access - 24 hours a day, 7 days a week include holiday access

Other Building Access Hours (please specify): _____

Please sign below to authorize Management Office to process this access card request as stated above and acknowledge that San Diego Inspire Holdings, LLC, San Diego Inspire Holdings 2, LLC San Diego Sycamore, LLC and its agents are held harmless from any and all responsibility in issuing this card. Tenant is responsible for notifying Landlord if card is lost or re-assigned to another individual. A non-refundable \$25 charge for new card orders will be invoiced to tenant at the end of the month.

Authorized Requestor: _____

(Signature)

Name/Title: _____

(Please print)

Email address: _____ Phone: _____

Management Office Use Only:

Management Approval: _____ Work Order # _____ Date: _____