

Access Card Request Form

Top portion of form to be completed by authorized requestor	. Please email completed and signed form
<i>to</i> kyoshizumi@lfrep.com.	

Comp	any Name:		
Buildi	ng Address:		
Phone	Number:	Suite I	No.:
Start I	Date:Expiration Date:		
The u	ndersigned requests the following (please print):		
0	New Card Order Assigned to:		Card #:
0	Reactivate Card #:and re-assign to:		
0	Deactivate Card #:		Employee no longer with company Card has been lost Card is not working
Type of	Access:		
0	Building Access - 24 hours a day, 7 days a week 🔿	include hol	liday access
0	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 Foundry Holdings, LLC, San Diego Foundry 1, LLC, San Diego Foundry 2, LLC, San Diego Foundry 3, 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.

Author	ized Requestor:		
Name/	Title:		
Email address: Phone:			
*****	*****	*******	******
		Management Office Use Only:	
	Management Approval:	Work Order #	Date: