

ACCESS CARD REPLACEMENT FORM

Company Name: _____

TO REPLACE AN ACCESS CARD:

Cardholder s Name : _____

Access Card Number to be replaced: _____

New Access Card Number Issued: _____
(to be filled by Management Office)

Reason For Replacement:

_____ Lost _____ Stolen _____ Damaged

TO REASSIGN AN ACCESS CARD:

Access Card Number: _____

New Access Cardholder s Name: _____

Previous Access Cardholder s Name : _____

Note: A replacement fee of \$25.00 will be required before a new card is issued. Checks only, cash will not be accepted. An additional fee of \$25.00 will be applied for any returned checks. All information requested above must be provided to process this request.

Authorized Person: _____ Date: _____
(Tenant Contact Person)