



LONGFELLOW

**Access Card Request Form**

Top portion of form to be completed by authorized requestor. Please email completed and signed form to [hwillis@lfrep.com](mailto:hwillis@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: \_\_\_\_\_

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: \_\_\_\_\_