



HEADQUARTERS PLAZA

ACCESS CARD REQUEST

Company Name: \_\_\_\_\_

Date \_\_\_\_\_ Account \_\_\_\_\_

Card Holder: \_\_\_\_\_ Suite/Floor: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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TYPE OF REQUEST (check appropriate space)

Parking:                      Tower:                      Both:

24-hour access: Yes:                      No:

Access Type: Nested:                      Non-Nested:

Tower access: 24/7                      No

Make / Model of Car: \_\_\_\_\_

Color: \_\_\_\_\_ Plate#: \_\_\_\_\_ State: \_\_\_\_\_

Access Card / Parking Card Number: \_\_\_\_\_