

2700 Colorado

CARD ACCESS REQUEST FORM

Building Name: _____

Suite No. _____

Date Requested: _____

Tenant Name: _____

The undersigned requests the following:

New Card Replacement Deletion of Card # _____

For the following employee:

Card issued to: _____

Please sign below to authorize Cushman & Wakefield to process this access card request as stated above and acknowledge that Cushman & Wakefield is held harmless from any and all responsibility in issuing this card.

Authorized signature of company representative:

Name

Date

****Management Office Use Only

Access Card # _____ Date Issued _____ Issued by _____

Deposit Charge of \$10.00 Refund of deposit Charge of \$10.00

Please sign below to acknowledge receipt of the card noted above and that your next rent statement will reflect the deposit charge stated above. The deposit will be refunded if the card is returned in satisfactory condition. The replacement of lost, stolen or damaged cards will require an additional deposit.

Card Received By: _____

Name

Date