

**IMPORTANT:** This form is to be filled out for all access card cancellations, new or replacement cards and suite entrance keys.

Company name:		Suite No:
Tenant representative first and last name:		Title:
Telephone:	Email address:	
Signature:	Date submitted dd-mm-yyyy:	

**PLEASE NOTE:** There is a \$25.00 fee for additional replacement cards.

First and last name (Please indicate card number if applicable):	Floor(s) and suite number(s):	24 Hour access: <input type="checkbox"/> YES <input type="checkbox"/> NO
New card request: <input type="checkbox"/> Card cancellation request: <input type="checkbox"/> Card replacement request: <input type="checkbox"/> Access modification: <input type="checkbox"/>	Access time from:	Access time to:
Please provide any additional information or comments:		

First and last name (Please indicate card number if applicable):	Floor(s) and suite number(s):	24 Hour access: <input type="checkbox"/> YES <input type="checkbox"/> NO
New card request: <input type="checkbox"/> Card cancellation request: <input type="checkbox"/> Card replacement request: <input type="checkbox"/> Access modification: <input type="checkbox"/>	Access time from:	Access time to:
Please provide any additional information or comments:		

First and last name (Please indicate card number if applicable):	Floor(s) and suite number(s):	24 Hour access: <input type="checkbox"/> YES <input type="checkbox"/> NO
New card request: <input type="checkbox"/> Card cancellation request: <input type="checkbox"/> Card replacement request: <input type="checkbox"/> Access modification: <input type="checkbox"/>	Access time from:	Access time to:
Please provide any additional information or comments:		

**PLEASE NOTE:** There is a separate fee for key-cutting services.

First and last name (Please indicate card number if applicable):	Floor(s) and suite number(s):
New key request: <input type="checkbox"/> Key cancellation request: <input type="checkbox"/> Key replacement request: <input type="checkbox"/> Key request modification: <input type="checkbox"/>	
Please provide any additional information or comments:	

First and last name (Please indicate card number if applicable):	Floor(s) and suite number(s):
New key request: <input type="checkbox"/> Key cancellation request: <input type="checkbox"/> Key replacement request: <input type="checkbox"/> Key request modification: <input type="checkbox"/>	
Please provide any additional information or comments:	

**This section of the form is to be completed by the management office.**

Received by:	Date dd-mm-yyyy:	Time:
To be charged to tenant:		<input type="checkbox"/> YES <input type="checkbox"/> NO

QuadReal Property Group (your contact information here)