



**ACCESS CARD REQUEST FORM**

**CHECK ONE:**

New Card \_\_\_\_ Change Cardholder \_\_\_\_ Change Access \_\_\_\_ Replacement Card \_\_\_\_  
(*\$10 fee*)

**CARDHOLDER:**

(*Please Print*)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**ACCESS:**

Access is required to:

\_\_\_\_ Parking Garage

\_\_\_\_ Regions Building Suite(s): \_\_\_\_\_

\_\_\_\_ Regions Tower Suite(s): \_\_\_\_\_

Access times required: \_\_\_\_\_

(*If other than 24/7*)

**ACKNOWLEDGEMENT:**

**By signing below, the Supervisor acknowledges the issuance of the access card to the above named Cardholder and the Cardholder acknowledges the receipt of the access card and agrees to notify the property management office immediately should the card be lost, misplaced, stolen or compromised.**

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Property Management Use Only**

Card #: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_

Date Surrendered: \_\_\_\_\_