



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: _____