PALISADES II
ACCESS CARD REQUEST FORM

COMPANY: _____ SUITE: _____

EMPLOYEE NAME: _____

EMPLOYEE EMAIL: _____ PHONE: _____

	New Card
	Replacement Card *($30 Charge)*
	Name/Vehicle Change
	Deactivate Card

Effective Date: _____

Comments: _____

_____

Vehicle License Plate:	**Model:**
Year:	**Make:**
Color:	**State:**

The access card may only be used by the issued party an any violation of its use may result in suspension of card privileges. There will be a $30 fee for new (unless specified in the Lease), lost, damaged, or stolen cards.

NOTE: Fitness Center access is only provided once the signed Rules & Regulations and Waiver of Liability are received.

I understand the charge for a card is non-refundable, and I will be billed for the item(s), if selected. I am aware this serves as my invoice for the above service requested, and this charge will be reflected on my monthly rental statement.

Signature	Printed Name & Title	Date

For Management Office Use Only

Reserved Parking Space #:_____ Manager Authorization: _____

Parking Card #: _____

Date Issued: _____

Lease I.D.:_____ Tenant Receipt Confirmation: _____

Please submit all access card requests via email to
wendy.trayler@am.jll.com .