

# LAKESIDE COMMONS ACCESS CARD REQUEST

Company Name: \_\_\_\_\_

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

Card Holder: \_\_\_\_\_

Bldg/Suite: \_\_\_\_\_

Phone #: \_\_\_\_\_

Car Tag#: \_\_\_\_\_

Car Make & Model: \_\_\_\_\_

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## **TYPE OF REQUEST (✓ one)**

\_\_\_\_\_ **New Card #:** \_\_\_\_\_

Date issued: \_\_\_\_\_ By: \_\_\_\_\_ Charge: Yes \_\_\_ No \_\_\_

\_\_\_\_\_ **Replacement Card#:** \_\_\_\_\_

Date issued: \_\_\_\_\_ By: \_\_\_\_\_ Charge: Yes \_\_\_ No \_\_\_

\_\_\_\_\_ **Deactivated Card #:** \_\_\_\_\_

Date issued: \_\_\_\_\_ By: \_\_\_\_\_ Charge: Yes \_\_\_ No \_\_\_

Was card returned? Yes \_\_\_ No \_\_\_

Reason card was not returned: Lost \_\_\_ Damaged \_\_\_ Other \_\_\_

Explanation: \_\_\_\_\_

**Authorized Individual's Signature:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

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Building Authorization: \_\_\_\_\_

Request Processed: \_\_\_\_\_

Card Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

### **\*\* Fee for a New Card is \$10.00**

\*\* Any lost, stolen or damaged Access Control Card must be reported immediately to the Management Office for deactivation in the system. There will be a \$10 replacement fee for each card.