

Access Card Request / Cancellation Form

Customer: _____

Address: _____ **Suite:** _____

Request Card		Cancel Card		Employee Name		Vehicle Information				Parking		Building Access		Elevator Access
New Employee	Replacement Card	Card Returned	Card Not Returned	First	Last	License #	State	Make	Model	Uncovered	Covered	Employee*	Executive**	Floor(s)

Delivery Instructions: _____

Authorized By: _____ **Date:** _____ **Phone:** _____
 (Tenant Representative)

All fields must be completed in order for an access card to be processed.

Please complete, sign and fax to (702) 475-3718

Please allow 2 working days for processing. Thank you.

All employees are required to park in the respective parking structure in their designated section (covered/uncovered). Uncovered parking is limited to the top floor of the parking structure. Building hours are as follows: Monday - Friday 6:00 a.m. to 6:00 p.m., Saturday 8:00 a.m. to 1:00 p.m., Closed Sunday & holidays

*By selecting Employee Hours the access card will be programmed to grant limited access to the building (Monday - Friday 6:00 a.m. to 10:00 p.m., Saturday, Sunday & Holidays - 7:00 a.m. to 5:00 p.m.)

**By selecting Executive Hours the access card will be programmed to grant unlimited 24-hour access to the building

Issued By: _____ **Date:** _____ **Received By:** _____ **Date:** _____