



American Real Estate Partners

REQUEST FOR ADDITIONAL ACCESS CARD

CONFIDENTIAL INFORMATION

This form is to be used to **add** an employee to the access card system. This form is to be completed and sent to your Building Management Office. You will be notified that the change has been completed by the receipt of a signed copy of this form. *NOTE*: You will be charged **\$25.00** for each additional DataWatch card/fob requested.

Please fill in all information requested. A form must be completed for **each** employee to be added and it must be signed by an individual approved to authorize the addition. You also have the option of submitting your request on company letterhead.

DATE: _____ **REQUESTOR:** _____ **TELEPHONE #:** _____

COMPANY: _____ **ADDRESS:** _____ **FL/STE:** _____

Check the appropriate items or fill in needed information.

Please add _____ to the access card system as indicated:
Name (Please Print)

Description of Accessibility:

Floor: _____ Unlimited _____ Limited to _____

Days: _____ Mon. - Fri. _____ Everyday (7 days/week) _____ Other (Please specify) _____

Time of Day: _____ Work Hours (8am 5pm) _____ All day (24 hrs.)

Other (Please specify) _____

AUTHORIZED BY: _____ **TITLE:** _____

BUILDING MANAGEMENT OFFICE:

Added Employee's Card #: _____

Date Completed: _____ **Approved:** _____