



MANI BROTHERS ACCESS CARD REQUEST FORM

Please complete and return this form for each employee that is to receive a building or parking access card. All charges will appear on your monthly invoice. We ask that you please TYPE or PRINT CLEARLY all information. (Please note that cards will not be issued unless all required information is provided, including vehicle information.)

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____
TENANT NAME: _____ SUITE NUMBER: _____
OFFICE PHONE: _____ EXTENSION: _____

VEHICLE INFORMATION

MAKE: _____ MODEL: _____ PLATE: _____ STATE: _____

ACCESS CARD INFORMATION

NEW CHANGE LOST CANCEL (If canceling, card number: _____)
BUILDING ACCESS None Always Bldg Hours Other _____
PARKING ACCESS None Always Bldg Hours Other _____
ELEVATOR ACCESS None Always Bldg Hours Other _____
ACCESS TO FLOOR(S): _____

APPROVAL INFORMATION

Tenant hereby acknowledges and agrees that upon loss of or damage to employee's keycard, such tenant shall be required to pay \$35.00 to Management for the replacement cost of a new keycard.

PRINT NAME _____ SIGNATURE _____ DATE _____

FOR BUILDING MANAGEMENT USE ONLY

Card Number Assigned: _____ Charge to Tenant: _____
Cancelled/Assigned By: _____ Date: _____

Please sign here when card is received. It is understood that lost or stolen items should be immediately reported to Mani Brothers for removal from the system.

PRINT NAME _____ SIGNATURE _____ DATE _____

Please return form via fax to (310) 777-5010 or email to mail@manibrothers.com