

700 Wilshire Blvd.

ACCESS KEY CARD REQUEST FORM (Cardholder to complete top section only)

Name of Cardholder: _____

Building tenants complete the following... Company Name: _____ Suite #: _____

Parking tenants complete the following... Address: _____

Cardholder Phone Number: _____

Each card requires a **Non-Refundable** fee of \$25.00 _____

Method of Payment (Please Circle): Check To Be Billed (Building Tenants Only)

Please make checks payable to: 700 Wilshire Properties
611 Wilshire Blvd. Suite 810
Los Angeles, CA 90017

Card(s) received by: _____ Date: _____

Management Office Staff Use Only

Card Access Restricted to Lobby and (Please Circle): 2 3 4 5 6 7 Card #: _____

Parking Access for (Please Circle): P1/P2 Garage Gate Lobby FOB #: _____

Other Access: Alley door 1st Floor Telecom 1st Floor Back Office Other: _____

Requested By: _____ Date: _____

Authorized Signature

Printed Name & Title

For Programmer Use Only

Card Number Building: _____ FOB Number Parking: _____

Elevator Floor: (P1/P2=10) 10 20 30 34 40 50 60 70 99 User Name: _____

Unit #	01	02	03	04
Door 1	Lobby	L.Elev	1 st Floor Back	Alley
Door 2	Garage Gate	R.Elev	1 st Floor Tel.	N/A No