

After Hours Access Card

Return completed form to Healthcare Realty:

EMAIL rbolanos@healthcarerealty.com

MAIL 11180 Warner Avenue, Suite 469
Fountain Valley, California 92706



ISSUED TO

Employee/Other Access Card Holder: _____
(Last Name) (First Name)

EMPLOYED BY TENANT: _____

OFFICE PHONE: _____ HOME PHONE: _____

DRIVER'S LICENSE NO.: _____ STATE ISSUED: _____

(Initials) Tenant of Record shall be issued a maximum of two (2) cards. Access card fee is \$5.50 per card. To ship the cards to tenant directly, there is an additional fee of \$15.50. There will be a \$5.50 replacement charge for all lost cards.

SIGNATURE _____
(Authorized Signature of Tenant) (Date)

CARD RECEIVED BY _____
(Card Holder Signature & Title) (Date)

OFFICE USE ONLY

AFTER HOUR ACCESS CARD NUMBER: _____ ISSUED ON: _____ BY: _____
(Date) (Initials)

AUTHORIZED BY: _____
(Signature) (Date)

RECEIVED BY: _____
(Signature) (Date)

AUTHORIZED SIGNATURE CONFIRMED BY: _____ CHARGES PROCESSED ON: _____ BY: _____
(Initials) (Date) (Initials)

CALLED REQUESTER TO PICK UP ON: _____ AND/OR EMAILED TENANT ON: _____
(Date) (Date)

DATE LOGGED: _____
(Date)