

\$

Amount due:

Signature:

## **BUILDING ACCESS CARD REQUEST FORM**

Form CT-05

8383 Wilshire

To request new or changed access cards to the	building for your employees,	please complete this form,	, have an authorized person
sign it and return it to our Office of the Building.			

Tenant Name:					Contact Phone #:		
Suite No.:			Date:				
			oor. If you also want acces here will be a \$50.00 non				
PLEASE ISSUE NE	W ACCESS CARD(S	AS FOL	LOWS:				
Employee Name	Access Ho (if limited		Floor(s)	Effective Date	ffective Date	Access Card # (To be completed by the Building Management)	
PLEASE RE-ASSIG	N ACCESS CARD(S	AS FOL	LOWS:				
Access Card #	New Employee	Name	Access Hours (if limited)	Floor(s)		Effective Date	
	/ATE THE FOLLOWI	NG ACCI					
Access Card #		Employee Name		Effective Date			
If you need more spa	nce, please add additio	onal copie	es of this form.				
Tenant Authorized Person:	Signa	ature:					
	Type/print name &	Type/print name & title:					
Places	romombor to inform	ue prom	ntly if there are any chan		whon a cord is la	st or stolon	

If you have any questions, please contact the Office of the Building:

Phone: 323-653-8383 Fax: 323-653-2967 Email: 8383wilshire@douglasemmett.com

**BUILDING MANAGEMENT USE ONLY** 

TLA #:

Date: