BUILDING ACCESS REQUEST FORM – SAN JACINTO CENTER

ONCE COMPLETE RETURN TO THE SECURITY DESK IN THE FIRST-FLOOR LOBBY

Name _____ Suite No. _____

Employer _____ Effective Date _____

REQUESTED ACTION(S)

- ❑ Activate New Device
- ❑ Lost Device
- ❑ Replace Device
- ❑ Deactivate Device
- ❑ Transfer Device From _____
- ❑ Other _____

BUILDING INFORMATION

- ❑ Access to Floor(s) _____
- ❑ Time Restrictions For Access (if applicable) _____

COMMENTS

_____

_____

- By submitting this form you acknowledge that Access Fobs are non-transferrable and intended for the sole use of the Fob holder only
- All Fobs must be returned to Security regardless of the device's condition for deactivation on employee's last day
- Requests are completed in the order that they are received and usually processed that day or the next business day
- There is a $20 non-refundable charge for lost Fobs and for termination without returning a Fob

FOB HOLDER SIGNATURE _____

AUTHORIZED CUSTOMER SIGNATURE _____

OFFICE USE ONLY

- ❑ Fob # | | | | | - | | | | | |
- ❑ Access Level _____
- ❑ Date Form Received _____
- ❑ Date Entered _____
- ❑ Entered By (Print Name) _____

CHECK ONE:

- ❑ Fob Returned with Form (No Charge) – Device # (s) _____
- ❑ Fob Not Returned with Form ($20 Fee) – Device # (s) _____

❑ Comments _____