



**ACCESS CARD REQUEST FORM  
PACIFIC CENTER**

Company Name: \_\_\_\_\_ DATE: \_\_\_\_\_  
BUILDING #: \_\_\_\_\_  
SUITE #: \_\_\_\_\_

Employee Name: Last, First, Middle	Card Number (leave blank)	Amount
*Total		

\*Access cards are \$15 per card and the total will be billed on the next monthly statement

This authorization is for Pacific center a to issue cardkeys that will allow after hours access for the employees of our firm listed above.

AUTHORIZED BY:      Name: \_\_\_\_\_  
                                 Title: \_\_\_\_\_  
                                 Signature: \_\_\_\_\_  
                                 Date: \_\_\_\_\_

When the cardkey is returned to the Office of the Building in good usable condition, the deposit will be credited on the next rent statement. Please note that each tenant is responsible for all the cards issued. When an employee leaves your firm please return the cardkey for credit. Any lost or stolen cards must be reported to the Office of the Building immediately!

1455 Frazee Road Suite 620, San Diego, CA 92108  
Phone (619) 618-2955 Fax (213) 629-9390