



ACCESS CARD REQUEST & CHANGE

24 HOURS NOTICE IS REQUIRED

Please email (service@petersonbc.com) or fax (604.294.9249).

Date: _____

Tenant Name: _____ Suite #: _____

Requested By: _____ Phone Number: _____

Email Address: _____

NAME (Last Name, First Name)	Card #	Location, Days & Hours of Access (i.e. M-F, 9:00am to 5:00pm)	New (N) Reprogram (R) Cancel (C)	Parking (P) Storage (S)

PLEASE NOTE THAT A NON-REFUNDABLE FEE OF \$15.00 PLUS TAX (subject to change) WILL BE CHARGED FOR ALL NEW & ADDITIONAL ACCESS CARDS.

- Lost or Stolen Cards must be reported immediately to prevent unauthorized access to the building.
- Please inform our office promptly of any changes of status of the above-noted cardholders.
- A copy of this form will be returned indicating completion of your request.
- Please ensure the user name corresponds with the appropriate card number. The returned copy should be retained as a record of card issued.

Tenant Authorization:

(authorized signature)

(print name & title)

Received by:

(print name)

(date)

(date activated)

(date cancelled)