



## ACCESS CARD REQUEST FORM - NCSC ACCESS ONLY

All key fob's are the property of North Central Medical Plaza and must be returned upon Lease expiration or employee termination. All lost/stolen/unreturned/replacement key fob's will be billed to Tenant's account at \$20 per fob.

Building Name: North Central Medical Plaza Request Date: \_\_\_\_\_ Suite Number: \_\_\_\_\_

**CIRCLE ONE:**      NEW EMPLOYEE      REPLACEMENT FOB      RE-ASSIGN FOB

Please select access level required:

\_\_\_\_\_ General After Hours Access (East/West Center Lobby slider doors and Service Hallway to ED)

\_\_\_\_\_ Master Access (all points of entry)

Card Holder's  
Name: \_\_\_\_\_

Authorized Signature:

\_\_\_\_\_  
(Name and Title)      (Signature)      (Date)

FOR OFFICE USE ONLY

\_\_\_\_\_  
(Card Number Issued)      (Issued By)      (Date)