



Carillon
Access Card Request Form

TENANT: _____

REQUEST: *(1) New access card (e.g. New employee)
*(2) Replacement (e.g. access card has been damaged, lost or stolen)
(3) Reprogramming of existing access card.
(4) Deactivation (e.g. Cancellation (employee left company) / Termination)

ACCESS: (A) Building: 24 x 7 (B) Office Hours: 8am - 5pm M-F (C) Other - Please Define

FLOORS: _____

Table with 6 columns: Name, Existing Access Card # (if applicable), Request (1, 2, 3 or 4), Access Level (A / B / C), Bluetooth Requested, Access Returned. The table contains 15 empty rows for data entry.

Tenant Representative Signature: _____ Date: _____

*Note: A \$15.00 fee will be charged for new and replacement access cards.
*An additional \$15.00 fee will be charged for Bluetooth Access.

For Hines Associates Use only
Tenant charge: _____
Date Issued: _____