

Return completed form to:

EMAIL ismith@healthcarerealty.com

MAIL 2150 N. 107th Street, Suite 220
Seattle, Washington 98133

Tenant name: _____

Building address: _____ Suite #: _____

Phone: _____ Fax: _____ Requestor's email: _____

Card holder information

1 **FIRST NAME:** _____ **LAST NAME:** _____

2 **PHONE:** _____ **EMAIL:** _____

3 **DRIVER'S LICENSE NO.:** _____ **STATE ISSUED:** _____

4 **CARD HOLDER IS REQUESTING:** First Access Card Replacement/Additional Access Card

AUTHORIZED BY:

Signature _____ **Date** _____
(Electronic signature represented by blue type)

Name (print) _____ **Title** _____

..... **OFFICE USE ONLY**

Access card no.: _____ issued by: _____ on: ____/____/____ .
Initials

Access card no.: _____ returned in good, usable condition on: ____/____/____ by: _____ .
Initials

Tenant notified Healthcare Realty on: ____/____/____ that access card was lost, mutilated, etc. and requested replacement card.

Replacement access card no.: _____ issued on: ____/____/____ by: _____ .
Initials

Replacement access card returned in good, usable condition on: ____/____/____ by: _____ .
Initials

