PARK PLACE IRVINE BUIL	DING AC	CESS REQ	UEST			
Request New Key Card	Mo	odify Existing K	Cey Card		Deactivate Card	
Effective Date:			Key Card#	t:		
Card Holder Information:						
New Card Holder (first and last name): _						
Existing Card Holder (if applicable):						
Company:						
Building:	ilding:		Suite:			
Password:	vord: Signatu					
Authorized Tenant Contac	ct Informa	tion:				
Name (first and last):						
Phone:			E-mail:			
Signature:(I understand new key cards are \$20 per card, to be						
Areas of Access: Lobby	y Doors	Eleva	itors	Oth	er Buildings	
Building(s) requested:						
Floor(s) requested:						
Elevator(s) requested:						
Office Use Only						
Card Number:						
Programmed by (print):						
Signature:						
Date:						

