

Return completed form to Healthcare Realty:

FAX 425.450.9081
EMAIL bshutts@healthcarerealty.com
MAIL 1231 116th Avenue NE, Suite 120
 Bellevue, Washington 98004

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: <input type="checkbox"/> First Access Card <input type="checkbox"/> 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

