

BROOKHOLLOW CENTRAL GARAGE/BUILDING ACCESS CARD

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|----------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| E M P L O Y E I N F O | Please Select One: | |
| | <input type="checkbox"/> New Employee | <input type="checkbox"/> Lost Card (Fee) |
| | <input type="checkbox"/> Delete Employee | <input type="checkbox"/> Update Employee Information <small>(Access Level, Vehicle Info, Name)</small> |
| | <input type="checkbox"/> Replace Damage Card (Fee) | |
| | Name: _____ Company: _____ Building: I II III | |
| | Telephone: _____ Ext. _____ Fax: _____ | |
| (1) Vehicle Make, Model, Year & Color: _____ License Plate _____ | | |
| (2) Vehicle Make, Model, Year & Color: _____ License Plate _____ | | |
| Cardholder Signature: _____ Date: _____ | | |
| Authorized Parking Contact: _____ Date: _____ | | |
| * Please note any unclear numbers and letters will delay your activation * | | |

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|-----------------------------------------------------------------------|-----------------------------------------|---------------------------------------------|----------------------------------------|----------------------------------------|------------------------------------------|
| A C C E S S | Brookhollow Central | <input type="checkbox"/> I | <input type="checkbox"/> II | <input type="checkbox"/> III | |
| | (Please check boxes below that applies) | | | | |
| | Building Only | <input type="checkbox"/> 24Hrs | <input type="checkbox"/> Mon-Fri 6a-6p | <input type="checkbox"/> Sat-Sun 6a-6p | <input type="checkbox"/> Sat-Sun 6a-12am |
| | Garage Only | <input type="checkbox"/> 24Hrs | <input type="checkbox"/> Mon-Fri 6a-6p | <input type="checkbox"/> Sat-Sun 6a-6p | <input type="checkbox"/> Sat-Sun 6a-12am |
| | Building & Garage | <input type="checkbox"/> 24Hrs | <input type="checkbox"/> Mon-Fri 6a-6p | <input type="checkbox"/> Sat-Sun 6a-6p | <input type="checkbox"/> Sat-Sun 6a-12am |
| | Amenities | <input type="checkbox"/> Fitness Center *** | | | |
| *** Copy of Fitness Agreement MUST be attached to this request | | | | | |

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|-----------------------|-----------------------------------|--------------------------------------|------------------------------------------------|--------------------------------|
| O T H E R | <input type="checkbox"/> Reserve | <input type="checkbox"/> Handicap | <input type="checkbox"/> Oversize | <input type="checkbox"/> Decal |
| | <input type="checkbox"/> Roof Top | <input type="checkbox"/> Invoice Co. | <input type="checkbox"/> Employee paid - _____ | |

| | |
|-----------------------------------------------|------------------------------------------------|
| O F F I C E U S E | Entered By: _____ Date: _____ Initials: _____ |
| | Decal #: _____ Reserved #: _____ Card #: _____ |
| | Comments: _____ |
| | _____ |

V5.14