

# **AFTER-HOURS ACCESS REQUEST FORM**

Please use this form to request after-hours access key cards/fobs for your employees or sub-tenants. This form is to be filled out only by the Employer or Master Lessee authorized to assign after-hours access to individuals.

**PROPERTY (select one):**

- Leamington
- Financial Center Building
- Hancock Medical Center

**Name of Person Authorizing Access (please print):** \_\_\_\_\_

**Company/ Tenant Name:** \_\_\_\_\_

**Suite Number:** \_\_\_\_\_

I understand that it is my responsibility to notify you if this or any additional cards/fobs are lost or stolen; and to surrender all key cards/fobs assigned to my Company upon expiration of my Lease.

I understand that the cost of each key card/fob is **\$10.00** and is non-refundable. Payment not received within 30 days will result in card de-activation. An additional \$10.00 will be required for re-activation.

I authorize an after-hour access key card/fob to be assigned to the following employees/subtenants:

*Please use additional forms if necessary*

<b>NAME (please print):</b>	<b>For FCB/Leamington Only</b>		<i>For Office Use Only</i> <b>KEY CARD/FOB #</b> Assigned By: _____
	<b>GARAGE ACCESS (Cars &amp; Bikes)</b>	<b>BASEMENT ACCESS</b>	
<b>1.</b>	Yes No N/A	Yes No N/A	
<b>2.</b>	Yes No N/A	Yes No N/A	
<b>3.</b>	Yes No N/A	Yes No N/A	
<b>4.</b>	Yes No N/A	Yes No N/A	
<b>5.</b>	Yes No N/A	Yes No N/A	
			<b>\$_____ will be billed or paid in advance.</b> _____ <b>Bill Tenant</b> <b>Advanced Payment Required</b>

**I agree to the above terms.**

**Signature of person named above:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return the completed form to:**

Portfolio Property Investors  
Attn: Property Manager  
1814 Franklin Street, Suite 600  
Oakland, CA 94612

**Fax:** (510) 839-2104  
**Email:** john@ppi-ltd.com

*Please allow 48 business hours to process your request. thank you.*