

\$

Amount due:

Signature:

## **BUILDING ACCESS CARD REQUEST FORM**

Form CT-05

## **Gateway Los Angeles**

To request new or changed access cards to the building for your employees, please complete this form, have an authorized person sign it and return it to the Office of the Building.

Tenant Name:				Contact Phone #:	
Suite No.:				Date:	
					eed to complete the appropriate tion fee billed to your account
PLEASE ISSUE NEV	W ACCESS CARD(S	) AS FOLLOWS:			
Employee Name		Floor(s)	Effective Date		Access Card # (To be completed by the Building Management)
PLEASE RE-ASSIG	N ACCESS CARD(S				
Access Card #	New	Employee Name	Floor(s)		Effective Date
PLEASE DE-ACTIV	ATE THE FOLLOWI	NG ACCESS CARD(S	5):		
Access Card #		Employee Name		Effective Date	
f you need more spa	ce, please add additio	onal copies of this form	1.		
Tenant Authorized Person:	Signature:				
	Type/print name & title:				
Please i	remember to inform	us promptly if there	are any changes or	when a car	d is lost or stolen.

If you have any questions, please contact the Office of the Building:

Phone: 310-826-2587 Fax: 310-820-7472 Email: <a href="mailto:gla@douglasemmett.com">gla@douglasemmett.com</a>
12400 Wilshire Boulevard, Suite 210, Los Angeles, CA 90025

**BUILDING MANAGEMENT USE ONLY** 

TLA#:

Date: