

ACCESS CARD ACTIVATION / DEACTIVATION FORM

DATE OF REQUEST: _____

COMPANY REQUESTING: _____

BUILDING NAME / ADDRESS: _____

PHONE NO: _____

REQUEST FOR NEW CARD:

CARD NUMBER: _____

NAME CARD ISSUED TO: _____

ACTIVATE BUILDING:

DEACTIVATE BUILDING:

CHECK ADDITIONAL CHOICE IF APPLICABLE (FITNESS FORMS TO BE SIGNED BY CARD HOLDER)

*ACTIVATE FITNESS:

DEACTIVATE FITNESS:

**ACTIVATE OTHER:

**DEACTIVATE OTHER:

**PLEASE NOTE OTHER AREAS:

**AUTHORIZED EMPLOYEE (DEFINED BY TENANT): INDIVIDUAL MUST SIGN ALONG WITH
MANAGER/SUPERVISOR**

PRINT NAME: _____

SIGNATURE: _____

**Please note: You may use the same form for all requests that pertain to the same card number.
A fitness release form must accompany all fitness room activation requests.*

Send all requests via email to dllis@lee-associates.com