Return completed form to Healthcare Realty:

**FAX** 704.542.5795

**EMAIL** probinson@healthcarerealty.com

MAIL 10508 Park Road, Suite 140 Charlotte, North Carolina 28210

Tenant i	name:						
Building	g address:					_ Suite #:	
Phone:		Fax:		Requestor's email	:		
Card	I holder info	ormation					
1	FIRST NAME:			LAST NAME:			
2	PHONE:		EMAIL: _				
3	DRIVER'S LICENS	SE NO.:			STA	TE ISSUED:	
4	CARD HOLDER IS	REQUESTING:	First Access Card	Replacement/Addition	al Access Card		
		AUTHORIZED BY: Signature	(Electronic sigr	nature represented by <b>blu</b> e	e type)	Date	
		Name (print)		Title			
					······· OFFICE I	JSE ONLY ······	
Access card no.:			issued by:	on	://	·	
Access card no.:			returned in	returned in good, usable condition on:// by:			
Tenant ı	notified Healthcare	Realty on:/	/ that acce	ess card was lost, mutil	ated, etc. and rec	quested replacement card.	
Replace	ement access card n	10.:		issued on:/	/ by:	 	
Replace	ement access card r	eturned in good, usab	ole condition on:	/ b	y: Initials	mode	

