BUILDING ACCESS CARD REQUEST FORM

**Form CT-05 Bishop Square**

*To request new or changed access cards for the building for tenant employees, please complete this form.*

*Have an authorized person sign it and return it to the Office of the Building.*

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| **Tenant Name:** |  | **Tower:** ASB Pauahi |
| **Suite No.:** |  | **Date:** |
| **Email:** |  | **Phone #:** |

Access cards give access to the building and your floor and parking when requested.

**Please note there will be a $50.00 non-refundable fee billed to your account for each new card.**

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| **PLEASE ISSUE NEW ACCESS CARD(S) AS FOLLOWS:** | | | | | |
| **Employee Name** | **Floor(s)** | | **Effective Date** | | **Access Card #**  **(To be completed by the Building Management)** |
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| **PLEASE RE-ASSIGN ACCESS CARD(S) AS FOLLOWS:** | | | | | |
| **Access Card #** | **New Employee Name** | | **Floor(s)** | | **Effective Date** |
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|  |  | |  | |  |
| **PLEASE DE-ACTIVATE THE FOLLOWING ACCESS CARD(S):** | | | | | |
| **Access Card #** | | **Employee Name** | | **Effective Date** | |
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|  | |  | |  | |

If you need more space, please add additional copies of this form.

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| --- | --- | --- |
| **Tenant Authorized Person:** | Signature: |  |
| Type/print name & title: |  |

***Please remember to inform us promptly if there are any changes or when a card is lost or stolen.***

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| **BUILDING MANAGEMENT USE ONLY** | | |
| **Amount due:** | $ | **TLA #:** |
| **Signature:** | | **Date:** |

**Received by:** **Date:**

If you have any questions, please contact the [Office of the Building:](mailto:bishopsquare@douglasemmett.com)

Phone: (808) 545-7500 **~** Fax: (808) 523-6008 **~** Email: [bishopsquare@douglasemmett.com](mailto:bishopsquare@douglasemmett.com)

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