



PARMENTER®

For Management Use Only

Invoice # _____

Date: _____

Initials _____

Cityplace Tower
2711 N. Haskell Avenue
Dallas, Texas 75204

ACCESS CARD REPLACEMENT REQUEST

PERSON'S NAME _____

COMPANY NAME _____

OFFICE PHONE _____

OFFICE LOCATION _____

CURRENT CARD NUMBER _____

REPLACEMENT CARD NUMBER _____

CARD:

- LOST (\$45 Fee)
- STOLEN (Documentation required)
- DAMAGED (\$45 Fee)
- NOT WORKING (Card needs to be present)

TENANT APPROVER'S SIGNATURE _____

TENANT APPROVER'S NAME _____

DATE: _____

SECURITY OFFICER: _____

DATE: _____