

300 North LaSalle

ACCESS CARD AUTHORIZATION REQUEST FORM

Card Number: _____

Tenant: _____

Employee Name: _____

New Employee Contractor _____

Authorized Access: (Please check one)

- Unlimited (including after hours)
- Monday through Friday (including after hours) from floor _____ to _____
- Holidays and Weekends (including after hours) from floor _____ to _____
- Deactivate this card Circle one: Lost Broken/Not working Terminated
- Ok to reissue
- Freight elevator access _____
- Fitness center (previously turned in form)
- Other _____

THE OFFICE OF THE BUILDING MUST BE NOTIFIED IMMEDIATELY IF ACCESS CARD IS LOST OR STOLEN OR IF EMPLOYEE IS NO LONGER AUTHORIZED FOR AFTER-HOURS ACCESS TO THE BUILDING.

Date: _____ Authorized Representative: _____

HINES

Office of the Building
300 North LaSalle, Suite 1825
Chicago, IL 60654
Phone: (312) 796-6400
Fax: (312)