

BUILDING ACCESS FOB REQUEST FORM

Form CT-05

Harbor Court

Tenant Name:	Cor			Contact Pho	ontact Phone #:		
Suite No.:				Date:			
perwork with the part each new fob.	the building and your floo arking company. Please I W FOB(S) AS FOLLOW	note there will be a	ccess for parking, y \$50.00 non-refund	ou need to co	omplete the	appropriate ed to your accoun	
Employee Name	Restroom	Access Hours (if limited)	Floor(s)	Effectiv	ve Date	FOB # (To be completed by the Building Mgmi	
	☐ Male ☐ Female						
	☐ Male ☐ Female						
	☐ Male ☐ Female						
	☐ Male ☐ Female						
	New Employee	S:	Access Hours		_		
FOB #	Name	Restroom	(if limited)	Floo	or(s)	Effective Date	
		☐ Male ☐ Female					
		☐ Male ☐ Female					
PLEASE DE-ACTIVATE THE FOLLOWING FOB #		G FOB(S): Employee Name		Effective Date			
		F . 7					
you need more spa	ice, please add additiona	I copies of this form.		1			
Tenant	Signatur	re:					
Authorized Person:	Type/print name & title:						
Please	remember to inform us	promptly if there a	re any changes or	when a FOB	is lost or s	stolen.	
		BUILDING MANAG	SEMENT USE ONL	Y			
Amount due: \$					TLA #:		
Signature:					Date:		
						_	
Tenant Receipt	Signatur	re:		Date:			

If you have any questions, please contact the Management Office:

Phone: 808-524-4188 Fax: 808-524-4292 Email: harborct@douglasemmett.com

Type/print name & title: