

# 6300 Wilshire

## BUILDING & PARKING ACCESS REQUEST FORM

FOB Number

### Employee Information

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Suite \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email: \_\_\_\_\_

Reason for Request			
<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Lost	<input type="checkbox"/> Temporary
Start Date _____		End Date _____	
**\$25 Nonrefundable charge for all keyfobs			

### Building Areas of Access

Floors (Circle Option) 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22  
Storage (Circle Option) Mezzanine / 5th fl.  
Access (Circle Option) 24/7 / Other Hours Specify Hours: \_\_\_\_\_

### Parking Access

Yes  No

Primary Vehicle Information: Make \_\_\_\_\_ Model/Yr. \_\_\_\_\_ Lic. Plate# \_\_\_\_\_

Alternate Vehicle Information: Make \_\_\_\_\_ Model/Yr. \_\_\_\_\_ Lic. Plate# \_\_\_\_\_

Have you have been given a copy of the Parking Access Agreement? Yes / No

\_\_\_\_\_ (Initial) By accepting the keyfob you agree to the terms of the Parking Access Agreement. Failure to comply with the aforementioned rules & regulations may result in a loss of parking privileges.

### Authorizations

Employee Signature	_____	Date	_____
Authorized Tenant Representative Signature	_____	Date	_____
Property Management Signature	_____	Date	_____

*NOTICE: By Tenant's use and/or issuance of the Access Card(s), Tenant accepts the following: Tenant acknowledges that this Access Card(s) is to only be issued to and used by an authorized employee of the Tenant. Tenant assumes full responsibility for the control, custody and issuance of the Access Card(s). Tenant shall indemnify, defend and hold Landlord, it's employees, contractors, agents and affiliates harmless from and against any and all claims, damages, unauthorized uses and causes of actions arising as a result of, or in connection with, any use of the Access Card(s) and from any and all costs, attorney's fees, expenses and liabilities incurred in the defense of any claim or any action or proceedings brought as a result of, or in connection with, such use.*

Internal Use Only	Parking Type:	_____
Company _____	Parking Level Assigned:	_____
Access Level _____	Parking Assigned by: _____	(Initial)
Elev Grp _____	Building Assigned by: _____	(Initial)
Upper/Lower Parking Gate _____	Date Request completed:	_____

