

Huntington Center
Card Key Request

TENANT: _____

REQUESTS: (1) Change Access
(2) New Card
(3) Cancellation
(4) Replacement*

ACCESS: (A) Tenant Floors (indicate level or levels)
(B) 24Hr Building Entrance Access
(C) Freight Elevator/Loading Dock Access

| Name | Existing card # (if applicable) | Request Type | Access | Floors to be Accessible | Card Returned |
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Tenant Representative: _____ **Date:** _____

*Note: A \$11.50 replacement fee will be charged for all lost, stolen or destroyed cardkeys.
Please make checks payable to: Huntington Center Associates

For Huntington Center Associates Use only

Date Received: _____

Card Issued By: _____
Print Name

Date Issued: _____

Tenant Billback Amount: _____

☐ **Request Completed**