

PASSCARD REQUEST FORM

Please email completed form to ccto-passcard@quadreal.com for processing.



Authorized Person Making the Request*

* The authorized person is the one on record with property management

Company

Surname

First name

Email Address

Phone number

Signature (Signature is not required for requests submitted electronically)

Cardholder Information

Company

Surname

First name

Email Address

**Card #

** This field to be used by tenants with their own access control system not connected to the base building system.

Request Type

- New Passcard
- New Visitor Management System user name and password – please insert user's phone number _____
- Lost/Stolen
- Damaged – please ensure the damaged passcard is returned to the Passcard Office
- Name Change – please insert name to be changed to _____
- Change Access
- Cancel Passcard
- Cancel Visitor Management System user name and password

Access Details

Floor Address	Clearance Level or Reader Name	Authorized Times	Add Access	Remove Access
	A: Perimeter readers only B: Perimeter and Interior C: Specialized reader access (insert reader name)	D: 24/7 E: 7a-7p M-F		
<input type="checkbox"/> _____	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> _____	D <input type="checkbox"/> E <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> _____	D <input type="checkbox"/> E <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/> _____	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> _____	D <input type="checkbox"/> E <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Quadreal Property Group Office Use Only

Date Request Was Processed

Processed By

Card #

Date Passcard Was Issued

