Memorial City Plazas

ACCESS CARD & PARKING APPLICATION

Please allow 2 business days for access card changes

Company Name _____ Suite(s) _____

Main Phone # _____

Employee Name _____

Employee Email _____

Vehicle Information

	Vehicle #1	Vehicle #2	Vehicle #3
Plate #	_____	_____	_____
Year	_____	_____	_____
Make	_____	_____	_____
Model	_____	_____	_____
Color	_____	_____	_____

Access Card Permissions

- o Full Access
- o Level(s) _____ only
- o Specific Locations/Doors:_____

For Office Use Only
Date Received: _____Date Delivered: _____

Vehicle #1 Tag: _____
Vehicle #2 Tag: _____
Vehicle #3 Tag: _____

Access Card #: _____
Termination Date: