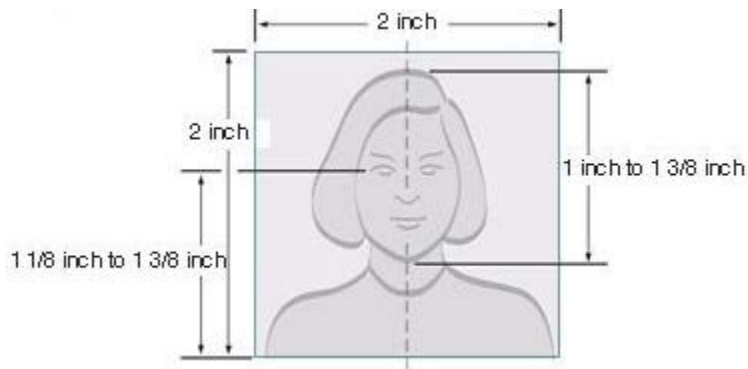


375 BEALE STREET ACCESS CARD FORM*

(*This form must be completed by an authorized contact)

[Insert Image
Here]

COMPOSITION EXAMPLE:



Instructions for photo:

1. Clear with no visible objects in background. Background should be one solid color.
2. JPEG image, high resolution preferred 600 pixels (**must be in color**)
3. Photo snapshot must be from shoulders and above
4. No masks or face coverings. Person must be forward facing
5. 2"x2" preferred

Employee Information:

Name (First, Middle Initial, Last):

Company Name:

Office Location:

Nickname (if applicable):

Position (*check one*):

☐ Employee ☐ Board Commissioner Member ☐ Temporary Staff Badge ☐ Other* (specify) _____

*Please note that contractor badges are not provided for outside vendors. These must be checked in/out with security as needed.

Access Dates (*please specify if temporary or for short-term needs*):

Activation Date:

Deactivation Date:

Terminate Existing Access (*please check one and enter date*):

☐ Termination of Employee ☐ Card Replaced ☐ Card Lost ☐ Other _____

Badge Number:

Effective as of:

Gender (*check one*): [For access to 2nd Floor Restrooms / Lockers]

Male ☐

Female ☐

Access Needs (please specify)

Elevator/Floor Access:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

375 BEALE STREET ACCESS CARD FORM*

Access Times (check all days applicable):

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ 24/7
☐ Other:

Working Hours:

Holidays Observed:

ABAG:

☐ ABAG ALL ☐ Other _____

BAAQMD:

☐ BAAQMD ALL ☐ HR File Rooms ☐ Finance ☐ Legal ☐ Lab
☐ Other _____

MTC:

☐ MTC ALL ☐ LPA Storage ☐ High Density Storage ☐ Finance Storage
☐ Other _____

Special Access* (check all that apply):

*Requires additional authorization

- | | | |
|---|--|--|
| <input type="checkbox"/> Warming Kitchen | <input type="checkbox"/> Data Center/IDF Closets | <input type="checkbox"/> Beale Exterior |
| <input type="checkbox"/> Agency Mail Room | <input type="checkbox"/> Wellness Room Cove | <input type="checkbox"/> Beale back door (near service corridor) |
| <input type="checkbox"/> Building Mail Room | <input type="checkbox"/> Shower/Locker Rooms | <input type="checkbox"/> Harrison Exterior (double doors) |
| <input type="checkbox"/> Other | | |

Authorization

Employee Print name

Title:

Employee Signature

Date:

INNER OFFICE USE ONLY:

Activation or Deactivation: To be completed by the Lobby Guard/Property Management

Signature

Date

Card # _____

Access Level _____

Card Returned: _____

Additional Notes: