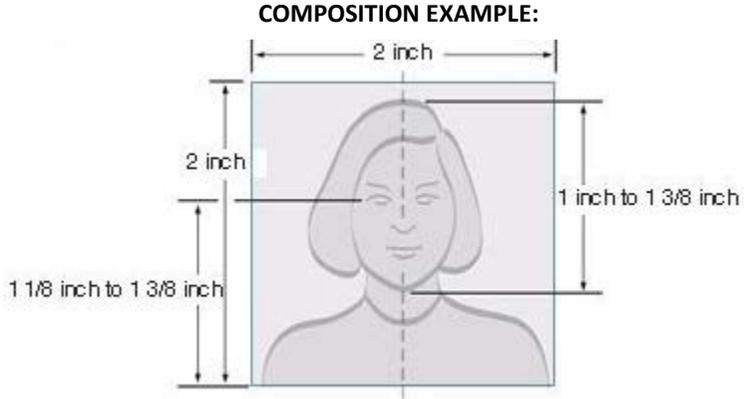
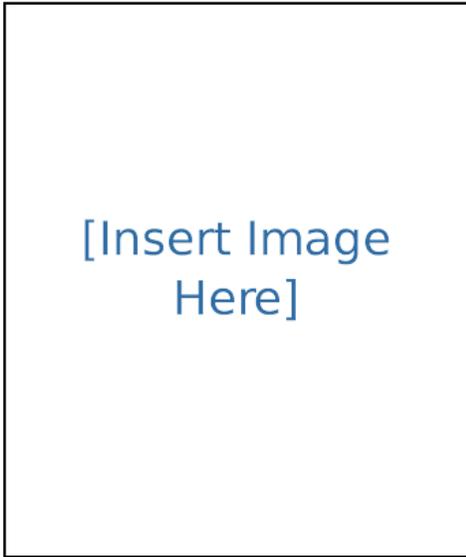


375 BEALE STREET ACCESS CARD FORM*

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



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):	
<input type="checkbox"/> Employee <input type="checkbox"/> Board Commissioner Member <input type="checkbox"/> Temporary Staff Badge <input type="checkbox"/> 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):	
<input type="checkbox"/> Termination of Employee <input type="checkbox"/> Card Replaced <input type="checkbox"/> Card Lost <input type="checkbox"/> Other _____	
Badge Number:	Effective as of:
Gender (check one): [For access to 2nd Floor Restrooms / Lockers]	
Male <input type="checkbox"/>	Female <input type="checkbox"/>

Access Needs (please specify)

Elevator/Floor Access:
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 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

_____ Title:

Employee Print name

_____ Date:

Employee Signature

INNER OFFICE USE ONLY:

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

_____ Date _____
 Signature

Card # _____ Access Level _____ Card Returned: _____

Additional Notes: