



**SECURITY FOB & KEY REQUEST  
FORM**

<b>SECURITY FOB</b>	
<b>Company:</b>	<b>Telephone:</b>
<b>Assigned to:</b>	<input type="checkbox"/> <b>New Fob</b>  <input type="checkbox"/> <b>Replacement Fob</b> (\$10 fee will be collected - make check payable to Property Reserve, Inc. <i>*nonrefundable</i> )

<b>Building Access Levels:</b>  <input type="checkbox"/> 8 AM - 5 PM <input type="checkbox"/> 24 hrs/ 7days <input type="checkbox"/> Other _____
--

<b>FOB REASSIGNMENT</b>	
<b>Previous Fob holder:</b>	<b>Reassigned to:</b>
<b>Building Access Level:</b>	<b>Building Access Level:</b>

<b>OFFICE KEY REQUEST</b>	
<b>Keyholder(s):</b>	

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

*\*To request access to the fitness room, please complete a fitness waiver form.*