

# Corporate Center Pasadena

## KEY CARD REQUEST FORM

### AMPCO SYSTEM PARKING

251 SOUTH LAKE AVE  
PASADENA, CA. 91101  
Phone (626) 405-4417 Fax (626) 568-1459

Keycard Deposit \$15.00  
Hangtag Deposit \$5.00

Cardholder Information

Date: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ TEL. No.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF CARDHOLDER (PLEASE PRINT) \_\_\_\_\_

MONTHLY PAYMENT (PLEASE CIRCLE)

UNRESERVED \$85.00      RESERVED \$125.00      PRIORITY RESERVED \$160.00

Reason for Request

( ) New: Start Date: \_\_\_\_\_ ( ) Delete: Termination Date: \_\_\_\_\_

( ) Relocate card to different employee ( ) Lost card, need replacement

Elevator and Doors Access Request Yes: \_\_\_\_\_ No: \_\_\_\_\_

\_\_\_\_\_ Building Floors (circle): 

1	M	2	3	4	5	6	7	8	9	10	11	12	14
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Key Card Number \_\_\_\_\_ Hang Tag Number \_\_\_\_\_

Vehicle Information

Make: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate # \_\_\_\_\_ License Plate # \_\_\_\_\_

Authorized Tenant's Signature (Office Manager) \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder's Signature (Employee) \_\_\_\_\_ Date: \_\_\_\_\_

Notice: By tenant's use and/or Issuance of the Access Card(s), tenants accept the following: Tenant acknowledges that this Access Card(s) is to only be issued to and used by an authorized employee of the Tenant. Tenant assumes full responsibility for the control, custody and issuance of the Access Card(s). Tenant shall indemnify, defend and hold Landlord; it's employees, contractors, agents and affiliates harmless from and against any and all claims, damages, unauthorized uses and causes of actions arising as a result of, or in connection with any use of the Access Card(s) and from any and all costs, attorney's fees, expenses and liabilities incurred in the defense of any claim or any action or proceeding brought as a result of or in connections with such use.

**NOTE: SUBMIT FORM TO ONSITE PARKING OFFICE ATTN: NATE/YANIRA OR FAX TO 626-568-1459**