

THE ELECTRA
Electronic Access Request form
970 Burrard Street, Vancouver BC.

Company info:

Unit Number: _____ Date: _____

Company name: _____

Phone numbers: _____, Fax numbers: _____

Company representative Signature, Seal or Stamp: _____

Please print name signed, Sealed or Stamped above: _____

FOB holder info:

Name: _____ Email address: _____

Phone numbers: _____, Cell numbers: _____

Address: _____

Signature: _____

The Requester is responsible for:

- lost or stolen cards.
- Immediately notifying The Electra administration of any lost or stolen cards.
- Tracking the cards assigned to the company.

**** any cards currently being used by the company but not listed here will be removed from the system ****

(To be completed by FOB administration officer)

Floor Group	Access Level 1	Access Level 2	Family Number	Card Number	Pre-owned
					Y / N
					Y / N
					Y / N

Office Use Only

Processing Officer: _____ Date FOB completed: _____

AUTHORIZING ADMINISTRATOR (Sign and Print name): _____

Cards Received By (Sign and Print name): _____