



THE ELECTRA COMMERCIAL
Electronic Access Request Form
970 Burrard Street, Vancouver, BC V6Z 2R4

Office: 604-669-6640 Email: manager@theelectracommercial.com

Company info:

Unit Number: _____ Date: _____
 Company Name: _____
 Phone/Cell numbers: _____
 Fax number: _____ Email: _____
 Company representative Signature, Seal or Stamp: _____
 Please print name signed, Sealed or Stamped above: _____

FOB holder info:

Name: _____ Email address: _____
 Phone/Cell numbers: _____
 Address: _____
 Signature: _____

The Requester is responsible for:

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

NOTE: \$50 PLUS GST FOR EACH EXTRA FOB/CARD
\$10 PLUS GST TO REPLACE BROKEN FOBS/CARDS THAT ARE TURNED IN.

(To be completed by FOB administration officer)

Floor Group	Access Level 1	Access Level 2	Family Number	Card Number	Pre-Owned

Office Use Only	
Processing Officer _____	Date FOB completed _____

AUTHORIZING ADMINISTRATOR: _____
 (Sign and Print name)

Cards Received By: _____
 (Sign and Print name)

Revision date: August 14, 2015