

**SIC-Sepulveda Center, LLC**

3415 South Sepulveda Blvd., Suite 100

Los Angeles, CA 90034

Telephone: 310-397-1200

BUILDING ACCESS REQUEST FORM**Return form to: Elsa Valenzuela**elsa.valenzuela@abm.com**cc: Management**sepcentermanagement@swigco.com

Date: _____

Card holder's Name: _____

Tele: _____

Card holder's Work Email: _____

Suite Number: _____

Authorized Contact: _____

Tele: _____

Description:	Number of Cards	Cost per Card	Bill Employer?	Card Number Assigned
_____ Mobile Access:	_____	\$ 10.00	Y / N	_____
_____ Replacement Cards:	_____	\$ 25.00	Y / N	_____
_____ Name Change only	_____	\$ -	Y / N	_____
_____ Activate Existing Card	_____	\$ -	Y / N	_____
_____ De-Activate Existing Card	_____	\$ -	Y / N	_____

Type of Access: (Check all that apply)

_____ Parking

_____ Building

Floor# _____

_____ 24 Hour access

_____ Or Access Hours

From: _____ To: _____

Vehicle Information:

_____ Car Make and Model # 1

License Plate# 1 _____

_____ Car Make and Model # 2

License Plate# 2 _____

Cardholder's**Signature:** _____ **Name:** _____ **Date:** _____**Suite Authorized****Contact****Signature:** _____ **Name:** _____ **Date:** _____**For Questions:**

Management

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