

**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](mailto:elsa.valenzuela@abm.com)**cc: Management**[sepcentermanagement@swigco.com](mailto: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
_____ New Access Cards:	_____	\$ 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

[sepcentermanagement@swigco.com](mailto:sepcentermanagement@swigco.com)

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