

PLEASE MAKE A COPY FOR EACH ACCESS CARD HOLDER TO COMPLETE AND RETURN TO OFFICE.

TAMPA MEDICAL TOWER

2727 W. Martin Luther King Jr. Blvd
Suite 765
Tampa, FL 33607
(813) 875-3000

Access Card Information Form

PRINT CARDHOLDER'S NAME: _____ DATE: _____

DOCTOR OR SUITE NAME: _____ SUITE: _____

OFFICE PHONE: _____ CELL NUMBER: _____

AUTO TAG NUMBER: _____ YEAR: _____

MAKE: _____ MODEL: _____ COLOR: _____

ACCESS INFORMATION

DAYS AUTHORIZED TO ENTER BUILDING:

<input type="checkbox"/>	SUNDAY
<input type="checkbox"/>	MONDAY
<input type="checkbox"/>	TUESDAY
<input type="checkbox"/>	WEDNESDAY
<input type="checkbox"/>	THURSDAY
<input type="checkbox"/>	FRIDAY
<input type="checkbox"/>	SATURDAY
<input type="checkbox"/>	HOLIDAYS
<input type="checkbox"/>	ALL DAYS

TIMES AUTHORIZED TO ENTER:

<input type="checkbox"/>	8:00 AM-5:00 PM
<input type="checkbox"/>	24 HOURS
<input type="checkbox"/>	OTHER: _____

FOR PROPERTY MANAGEMENT USE:

External Number: _____

Internal Number: _____

NOTE:

PLEASE DO NOT BEND OR DAMAGE CARD. CARDHOLDERS ARE RESPONSIBLE FOR KEEPING CARDS IN GOOD WORKING CONDITION.

REPLACEMENT CARDS WILL COST THE CARDHOLDER \$10.00 EACH.

CARDHOLDER'S SIGNATURE: _____ DATE: _____

DOCTOR OR MANAGER'S SIGNATURE: _____ DATE: _____

Please return via fax as soon as possible: (813) 870-3013