

# COMMUNITY SERVICE BUILDING

## OFFICE BUILDING AND PARKING GARAGE I.D. / ACCESS REQUEST FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Agency: \_\_\_\_\_ Suite: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Drivers License # \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**New Request for Building Picture I. D. Ten-Dollar payment (\$10) for picture ID**  
 **Revised Request, Note Change:**

<input type="checkbox"/> <b>Office Building Access (24 Hours)</b> <input type="checkbox"/> <b>Allocated Garage Access (24 Hours)</b> <input type="checkbox"/> <b>Limited Garage Access (Card will not work between 7 AM and 3 PM, Monday - Friday)</b>	<b>Ten-Dollar payment (\$10) for NEW access card or no payment for reuse of access card on file</b>
--	---

**Make check payable to Community Service Building Corp.**

A payment of \$10 is required for a picture I.D. card. It is desirable that all persons working full-time in the Community Service Building have a picture I.D. card to show security as they enter the building. Otherwise, the employee must sign in, as do all other guests.

An additional payment of \$10 is required for a new access card. Reused access cards will be re-issued at no charge. The fees on cards are not refundable. Access cards are not necessary unless applicant needs after-hours access to the building or the garage or has allocated parking. Access cards are not issued without a picture I.D.

The organization director's signature authorizes the use of cards exclusively by the applicant while they are working in the Community Service Building. Use of cards is not transferable and they must be returned immediately to the Community Service Building management office, garage office or the security desk upon departure of the applicant. The access card will be held on file for agency reuse. Loss or theft of cards must also be reported immediately. Replacement cards for lost or damaged cards will be assessed the same fees as new cards. Unauthorized use of the card in the garage will result in charges at the daily parking rate.

Make of car	Model	Year	Color	License Plate Number
-------------	-------	------	-------	----------------------

Make of car	Model	Year	Color	License Plate Number
-------------	-------	------	-------	----------------------

Community Service Building tenants shall have the right to use two parking spaces, between the hours of 6:00a.m. and 5:00 p.m. free of charge, for every 1,000 rentable square feet of space. **(ALLOCATED PARKING)**  
 Tenant's employees, volunteers and other invitees shall have the right to park on a space available basis, free of charge, so long as such persons are engaged in activities reasonably related to Tenant's charitable purpose at the Community Service Building. **(Limited Parking)**  
 I understand that receipt of an access card and/or parking privileges grants me a license to park only and does not create any bailment of any kind. We cannot be responsible for any damage to or loss of your vehicle or for items or valuables left in your car. Our employees are not authorized either to accept responsibility for or to store any such items.

**Applicant and Agency Director signatures acknowledge understanding of and agreement to above terms.**

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Optional Emergency Information

Home address:

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Other Notes:

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Medical Precaution:

**Agency Director signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use Only:

Effective Date: \_\_\_\_\_ / \_\_\_\_\_ Cancellation Date: \_\_\_\_\_ / \_\_\_\_\_

Card Number \_\_\_\_\_ Account Number: \_\_\_\_\_ Designee: \_\_\_\_\_ / \_\_\_\_\_

Check Number \_\_\_\_\_