

COMMUNITY SERVICE BUILDING

OFFICE BUILDING AND PARKING GARAGE ID / ACCESS REQUEST FORM

Last Name: _____ First Name: _____

Agency: _____ Suite: _____

Office Phone: _____ Ext: _____ *Cell Phone: _____

Badge Type:

New Request **Office Building Access**

Revised Request **Garage Access**

Payment Information:

Please make check payable to **Community Service Building Corp.** We are unable to accept cash. Payment is due at the time of the request.

- **Ten-dollar payment (\$10) for picture ID**
- **Ten-dollar payment (\$10) for NEW access card****

**Re-used cards from your organization will be re-issued at no additional charge.

The organization director's signature authorizes the use of card exclusively by the applicant during their work hours while employed by a Community Service Building tenant. Use of card is not transferable and 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
-------------	-------	------	-------	----------------------

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:** _____

***Agency Director Signature:** _____ **Date:** _____

For CSB Use Only:

Effective Date: _____ / _____ Cancellation Date: _____ / _____

Card Number _____ Check Number: _____ Payment Amt: _____

Replacement Card Number _____ Effective Date: _____

*REQUIRED