

COMMUNITY SERVICE BUILDING

ACCESS BADGE REQUEST FORM

Last Name: _____ First Name: _____

Organization: _____ Suite: _____

Cell Phone: _____ Email: _____

Badge Type (required):

- ☐ **New Request**
☐ **Revised Request**

☐
☐
☐

Access Level (required):

- Level 1:** Access to CSB during standard operating hours only
Level 2: Unrestricted access to CSB and validated parking at CSP
Level 3: Unrestricted access to CSB and access to parking at CSP

Payment Information:

Payment is due at the time of request via check to "Community Service Building Corporation" or ACH. No cash.

- ☐ **\$10 payment for ID only (no access to CSB after hours)**
☐ **\$20 payment for ID and Access Card* if organization does not have a card on file to reuse**
☐ **\$20 payment for replacement card due to loss (credit may not be used)**

***\$10 credit will be given if organization has an Access Card on file**

The organization's Executive Director/CEO authorizes use of card exclusively by applicant during their work hours while employed by their organization. Card must be returned immediately to CSB Management Office when applicant is no longer employed by the tenant organization. Access cards will be held on file for organization's reuse. Unauthorized use of card at CSB may result in lessened or loss of access. Unauthorized use of card at Community Service Parking may result in charges at daily parking rate and/or termination of parking privileges.

LOSS OR THEFT OF CARD MUST BE REPORTED TO CSB MANAGEMENT OFFICE IMMEDIATELY.

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. CSBC and/or SP+ cannot be responsible for any damage to or loss of your vehicle or for items or valuables left in your car. CSBC and/or SP+ employees are not authorized either to accept responsibility for or to store any such items. I understand that if I drive a vehicle that is too long to fit into a parking space, I must park on the top deck of the parking garage for safety reasons.

Applicant's and Director's signatures below acknowledge understanding of and agreement to above terms.

Applicant's Signature: _____ **Date:** _____

Executive Director/CEO's Signature: _____ **Date:** _____

For CSB Management Use Only:

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

Card Number _____ Check Number: _____ Payment Amt: _____

Replacement Card Number _____ Effective Date: _____