



**TENANT ACCESS KEY FOB REQUEST FORM**

**Tenant Name:** \_\_\_\_\_

**Employee License Plate:** \_\_\_\_\_

**Building/Suite:** \_\_\_\_\_

*Please return form to Property Management. A \$15 fee will be charged for each Fob and will appear on your next rent statement. If you wish to disable a fob, fill in the employee name, fob # and check off the disable column.*

Employee Name	Key Fob #	Specific Floors	Access Hours Ex. 24/7, M-F, 5am-Midnight	Disable Fob

Please return this form to [brianna.young@cushwake.com](mailto:brianna.young@cushwake.com) and save a copy of this form for future card requests.