

**150 KING STREET WEST
PASS CARD APPLICATION**

Tenant Name: _____

Request For:

Surname: _____ First Name: _____

Business Telephone Number: _____

Employed at: **150 King Street West**

Tenant Area: _____

Floor Number(s): _____

Reason for Request:

1. Initial Application ()

2. Change of Name ()

3. Card Mutilated ()

Please state the condition of the pass card and the reason _____

4. Card Inoperative ()

5. Change of Status ()

6. Pass Lost ()

7. Other ()

8. Cancel ()

Authorized By: Name: _____

Signature: _____ Date: _____

Please email signed applications to 150kingwest@bentallgreenoak.com