

**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](mailto:150kingwest@bentallgreenoak.com)**

