

**BUILDING ACCESS REQUEST FORM**  
PEARLAND MEDICAL PLAZA I    10905 MEMORIAL HERMANN, PEARLAND, TX 77584

*Please complete and return via email to [LHCSG.FanninHP@LPC.com](mailto:LHCSG.FanninHP@LPC.com) or fax 713-796-0138.*

DATE: \_\_\_\_\_

TENANT NAME: \_\_\_\_\_

SUITE #: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**# ACCESS CARDS REQUESTED:** \_\_\_\_\_

Employee Name: \_\_\_\_\_

CARD #: \_\_\_\_\_

Employee Name: \_\_\_\_\_

CARD #: \_\_\_\_\_

Employee Name: \_\_\_\_\_

CARD #: \_\_\_\_\_

Employee Name: \_\_\_\_\_

CARD #: \_\_\_\_\_

Employee Name: \_\_\_\_\_

CARD #: \_\_\_\_\_

\*Initial access cards are provided at no cost. Lost, stolen and any additional building fobs will be replaced with a \$10.00 fee per card.

**# KEYS REQUESTED:** \_\_\_\_\_

\*Once the key request form is received, please allow 24 hours to accommodate the request.

\*\*Initial suite keys are provided at no cost. Lost, stolen and any additional suite keys will be replaced with a \$3.00 fee per key.

Approved By: \_\_\_\_\_  
*Authorized Tenant Signature*

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*-To be completed by Property Management -*

Delivery Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_