

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

Please complete and return via email to FanninOffice@healthpeak.com

DATE: _____

TENANT NAME: _____

SUITE #: _____

PHONE #: _____

ACCESS CARDS REQUESTED: _____

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: _____