

**INTERGATE EAST II**  
TENANT CONTACT FORM



BUILDING \_\_\_\_\_  
COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX \_\_\_\_\_ WEBSITE \_\_\_\_\_

	NAME	PHONE/EXT.	E-MAIL
LEASE ADMIN.	_____	_____	_____
ACCOUNTING MGR.	_____	_____	_____
OFFICE MANAGER	_____	_____	_____
FACILITY MANAGER	_____	_____	_____

**AFTER HOURS EMERGENCY CONTACTS**

Please provide names and phone numbers for individuals that should be contacted in case of emergency.

PLEASE PRINT

1. \_\_\_\_\_ Home: \_\_\_\_\_  
Title \_\_\_\_\_ Cell: \_\_\_\_\_  
Pager: \_\_\_\_\_  
2. \_\_\_\_\_ Home: \_\_\_\_\_  
Title \_\_\_\_\_ Cell: \_\_\_\_\_  
Pager: \_\_\_\_\_  
3. \_\_\_\_\_ Home: \_\_\_\_\_  
Title \_\_\_\_\_ Cell: \_\_\_\_\_  
Pager: \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

Please attach another sheet to describe and or list any special features or personnel (not listed above) that could be contacted in the event of an off hour emergency; safety officers, security systems, unique or critical mechanical systems.

**INERGATE.EAST II**  
**ACCESS CARD / PARKING REQUEST FORM**



**SECTION 1**

DATE \_\_\_\_\_ CARD NUMBER \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

SUITE NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CARD HOLDER / INDIVIDUAL NAME \_\_\_\_\_

**ACTION TYPE**

**NEW CARD**

- Card Lost/Stolen
- Card Broken
- Card Malfunction
- New Issue/Employee

**ACCESS CHANGE**

- Add/Cancel Access
- Add/Cancel Parking

**REISSUE / NAME CHANGE**

**CARD TERMINATION**

- Card Retained by Tenant
- Card Returned to Sabey
- Card Lost
- Card Stolen

**ACCESS LEVEL**

1. 24 Hour Access (Sunday-Sunday)
2. Monday - Friday Only 24 Hour Access
3. Monday - Friday Only 6:00 AM-7:00 PM

**SECTION 2 - PARKING**

EFFECTIVE DATE FOR PARKING \_\_\_\_\_ MANAGER APPROVAL \_\_\_\_\_

CAR MODEL

COLOR

LICENSE PLATE NUMBER

Vehicle #1 \_\_\_\_\_

Vehicle #2 \_\_\_\_\_

Parking is to be paid by:    Company    Card Holder/Individual    Other: \_\_\_\_\_

**CARD HOLDER INFORMATION:**

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

\_\_\_\_\_ FACSIMILE \_\_\_\_\_

PLEASE NOTE: A MINIMUM OF 24 HOURS IS REQUIRED FOR CARD ISSUE. THE PARKING GARAGE IS MANAGED BY PACIFIC PARKING LLC, (206) 282-5580.  
 TENANT WILL BE CHARGED A \$35 FEE FOR REPLACEMENT OF A LOST ANNUAL PARKING PERMIT.

**SECTION 3 - SIGNATURE**

(SIGNATURE REQUIRED FOR ALL REQUESTS)

TENANT CONTACT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NEW CARD NO	PROGRAMMER INITIALS	DATE	BILLING AMMOUNT
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**INTERGATE.EAST II**  
**TENANT PLAQUE / DIRECTORY REQUEST FORM**



**1. TENANT PLAQUE**

(4"X6" DOOR SIGN - 14 LETTERS PER LINE, 3 LINES TOTAL - PLEASE PRINT)

Please have my tenant Plaque read exactly as follows:

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**2. TENANT DIRECTORY STRIP**

(37 CHARACTERS, INCLUDES SPACES, ONE LINE TOTAL - PLEASE PRINT)

NUMBER OF STRIPS REQUESTED \_\_\_\_\_

Please have my Tenant Strip read exactly as follows: (Include Suite Numbers)

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**TENANT SIGNATURE**

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**PHONE NUMBER**

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**DATE**

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