

Return completed form to Healthcare Realty:

FAX 310.670.8039
EMAIL DJones@healthcarerealty.com
MAIL 6801 Park Terrace Drive, Suite 545
Los Angeles, California 90045

Tenant name: _____

Building address: _____ Suite #: _____

Phone: _____ Fax: _____ Tenant contact email: _____

Request details

1	RECIPIENT	Name: _____ Office Phone: _____ Mobile Phone: _____			
2	TYPE OF PASS (check one):	General Parking	Temporary	Other _____	
3	LICENSE PLATE NUMBER:	MAKE:	MODEL:	COLOR:	YEAR:
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Note: No one other than the recipient should use the recipient's parking pass. Vehicles without appropriate parking pass are subject to be towed immediately at vehicle owner's expense.

This request is for an additional or replacement card.

AUTHORIZED BY:

Signature _____ **Date** _____
(Electronic signature represented by blue type)

Name (print) _____ **Title** _____

..... OFFICE USE ONLY

Pass number: _____ By: _____ Date: ___/___/___
Initials

Called requester to pick up on: ___/___/___ AND/OR Emailed tenant on: ___/___/___

Date logged: ___/___/___

