

Return completed form to:
EMAIL BCrist@healthcarerealty.com
MAIL 1901 S. Union Avenue
Building B, Suite 5001
Tacoma, Washington 98405

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: ____/____/____