Rizzardo
HEALTH & WELLNESS CENTRE

FOB SECURITY ACCESS CARD REQUEST FORM

PLEASE EMAIL TO: **ITsupport@innisfil.ca** and **khall@innisfil.ca**

TENANT NAME: _____

SUITE # : _____

SECURITY ADMIN LIAISON: _____

USER FIRST NAME: _____

USER LAST NAME: _____

USER TITLE/POSITION: _____

REQUIRES (CHECK ONE): ◯ 24/7 Access OR ◯ Building Hours
(7am-10pm M-F / 7am – 5pm Weekends)

REQUIRES SHIPPING AREA ACCESS? ◯ Yes ◯ No

REQUIRES "HOUSEKEEPING" ACCESS? ◯ Yes ◯ No

Security Access Cards are not to be shared and are to be reported lost or stolen immediately. I hereby agree to these terms:

X_____

SECURITY ADMIN LIAISON SIGNATURE

FOB SECURITY ACCESS FORM BOOKING CONFIRMATION (FOR OFFICE USE ONLY)

Approved By: _____
Position: _____
Date of Request: _____