

55 Cambridge Parkway Access Request and Agreement Form

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| For Lincoln Property Company ONLY New Card # _____ Tenant _____ Date _____ Completed by: _____ |
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Have you ever been issued an access card? Yes ___ No ___ Current Access Card # _____

Company Name: _____ Applicant Name: _____

Date: _____ Department: _____ Contact Number: _____

~ PLEASE FILL IN ALL SECTIONS ~

| | | |
|--|-----|----|
| Requires Bike Cage Access Cancel Bike Cage Access | YES | NO |
| | | |
| | | |

For Bike Cage Access:

Bicycle #1:
 Color: _____ Make of Bicycle: _____

~If using more than one bicycle for access~

Bicycle #2
 Color: _____ Make of Bicycle: _____

Lincoln Property Company restricts access privileges to authorized tenants only. All tenants requesting access privileges must agree to the following conditions.

- I will restrict my activities to authorized access areas only.
- I will not give or loan my access card to others. Access cards are Lincoln Property Company property.
- I will promptly report lost or stolen access cards to Lincoln Property Company.
- Violation of these terms may result in revocation or access privileges.

My signature below indicates my understanding and acceptance of these terms.

| | |
|------------------------------------|------------|
| _____ | Date _____ |
| Employee Signature | |
| _____ | Date _____ |
| Supervisor Signature | |
| _____ | Date _____ |
| Lincoln Property Company Signature | |

~ PLEASE REPORT CHANGES IN WRITING TO THE MANAGEMENT OFFICE ~