Blue Star Sports Medicine and Performance Facility

ACCESS CARD & KEY REQUEST / VEHICLE REGISTRATION FORM

COMPANY NAME: _____ SUITE: _____

EMPLOYEE NAME: _____ TITLE: _____

☐ NEW Card

☐ Update Existing Card

☐ DELETE – Lost/Damaged OR Employee Terminated

Card# _____ **Card#** _____ **Card#** _____

Vehicle 1		Vehicle 2	
Year	_____	Year	_____
Make	_____	Make	_____
Model	_____	Model	_____
Color	_____	Color	_____
License Plate#	_____	License Plate#	_____

Vehicle 3		Vehicle 4	
Year	_____	Year	_____
Make	_____	Make	_____
Model	_____	Model	_____
Color	_____	Color	_____
License Plate#	_____	License Plate#	_____

NOTE: CARDS CANNOT BE ISSUED UNTIL THE APPROPRIATE BOX ABOVE IS CHECKED AND ALL COINCIDING CARD AND VEHICLE INFORMATION IS RECEIVED. PLEASE REGISTER ALL VEHICLES YOU MAY DRIVE. LINCOLN HARRIS CSG IS NEITHER RESPONSIBLE FOR DAMAGES TO PERSONS OR VEHICLES NOR ITEMS OF PERSONAL PROPERTY THAT ARE LOST OR STOLEN. LINCOLN HARRIS CSG IS NOT RESPONSIBLE FOR DAMAGE OR LOSS DUE TO CRIMINAL ACTIVITY.

Card Fee - $20.00 each for new cards and replacement cards (after initial fulfilled amount granted per lease).

Email completed form to Property Management at 3800@prostarcre.com.

Please allow 24-48 hours for processing.

Authorized Signature: _____ **Title:** _____ **Date:** _____