Management Office
1670 Broadway
Denver, CO 80202
Phone: (303) 832-1246
Fax: (303) 831-0263

Access Card Request

Date: _____

Company Name: _____

Employee Name	New/ Replacement	Access Levels (special access):

*Cardkey replacement fee billable to: COMPANY: ___ EMPLOYEE: ___

Special instructions:
_____
_____
_____

This Request was authorized by: _____
Company Representative

To be completed by Cushman & Wakefield

Access card(s) issued for the above person(s) this _____ day of _____, 20___

_____
Request processed by

***Cardkey replacement fee:** a $10.00 fee applies to replace previously issued lost or damaged access cards. The fee is waived for normal wear and tear if the old Cardkey is turned in to 1670 Broadway's management office. Make checks payable to: **1670 Broadway Investors LLC**. Cash and credit cards are not accepted.