NORTH 180 LaSALLE

Tenant Access Card Form

Tenant: _____ Suite: _____

Office Manager: _____ Phone: _____

Access cards will be provided by:

___ Tenant ___Landlord

Please list all employees below.

Employee Name	Keycard # (required if Tenant provides cards)	Employee Access (check one)	
		24 hr/7 days	M-F 6am-6pm

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