

**Facilities Management Ministry**

Building and Room Access Authorization Request

New Card  Replacement Card  Key Request

(Replacement charge is $25. Please attach a signed check to this form.)

Access Requested For:

Ministry:

Position / Title:

Address:

City:       State:       Zip:

Home Phone:             Alternate Phone:

Email Address

**A C C E S S R E Q U I R E M E N T S**

**Access Days and Times Requested**

Sunday Only  Wednesday and Sunday Other

During Normal Service Hours  Anytime Other

Specific Access Requirements:

Ministry Approvals

Vision Partner       Date

Ministry / Department Manager       Date

Facilities Director       Date

Proximity Card Number(s)

Key Number

***NOTE: Should your card be lost or stolen, please notify Facilities Management ASAP.***