

Return completed form to Healthcare Realty:

**FAX** 817.924.2228  
**EMAIL** CVodrazka@healthcarerealty.com  
**MAIL** 1565 West Magnolia Avenue  
Fort Worth, Texas 76104

Tenant name: \_\_\_\_\_

Building address: \_\_\_\_\_ Suite #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Tenant contact email: \_\_\_\_\_

## Request details

1	<b>RECIPIENT</b>				
	Name: _____	Phone: _____	Email: _____		
	2 <b>TYPE OF PASS (check one):</b> Reserved      Unreserved      Temporary				
3	<b>LICENSE PLATE NUMBER:</b>	<b>MAKE:</b>	<b>MODEL:</b>	<b>COLOR:</b>	<b>YEAR:</b>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

*Note: No one other than the recipient should use the recipient's parking pass. Vehicles without appropriate parking pass are subject to be towed immediately at vehicle owner's expense.*

This request is for an additional or replacement card.

**AUTHORIZED BY:**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Electronic signature represented by blue type)

**Name (print)** \_\_\_\_\_ **Title** \_\_\_\_\_

..... OFFICE USE ONLY .....

Pass number: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Initials

Called requester to pick up on: \_\_\_/\_\_\_/\_\_\_ AND/OR Emailed tenant on: \_\_\_/\_\_\_/\_\_\_

Date logged: \_\_\_/\_\_\_/\_\_\_

