

Return completed form to Healthcare Realty:

EMAIL llewis@healthcarerealty.com

MAIL 18707 Hardy Oak Boulevard, Suite 105
San Antonio, Texas 78258

Tenant name: _____

Building address: _____ Suite #: _____

Phone: _____ Fax: _____ Tenant contact email: _____

Request details

1 TYPE OF PASS (*check one*): Reserved Unreserved

RECIPIENT

Name: _____ Phone: _____ Email: _____

LICENSE PLATE NUMBER: MAKE: MODEL: COLOR: YEAR:

2 TYPE OF PASS (*check one*): Reserved Unreserved

RECIPIENT

Name: _____ Phone: _____ Email: _____

LICENSE PLATE NUMBER: MAKE: MODEL: COLOR: YEAR:

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, Fee: **\$20.00** each.

AUTHORIZED BY:

Signature _____ **Date** _____
(Electronic signature represented by **blue type**)

Name (print) _____ **Title** _____

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

RECIPIENT 1

Pass number: _____ Pass number: _____ By: _____ Date: ____/____/____
Initials

Delivered to tenant on: ____/____/____ Date logged: ____/____/____

RECIPIENT 2

Pass number: _____ Pass number: _____ By: _____ Date: ____/____/____
Initials

Delivered to tenant on: ____/____/____ Date logged: ____/____/____

