



**TO: Kathy Correll
Boyd & Associates
Security**

DATE: _____

**TOWER I:
Security Access Cards**

**TOWER II:
Security Access Cards**

I, _____, on this date, _____, 200____, accept the responsibilities as a security access cardholder. I shall report temporary misplacement, loss or theft to the Security Officer on duty at the Financial Plaza Tower, Tower I or Tower II building. I will be responsible for the replacement of the security access card.

Security Access Card Number

Tenant Name – Printed

Date

Signature