

Access Card Request Form

Cardholder Details

**Company Name: _____

**Employee Name: _____

**Email Address: _____

Phone Number (in case of emergency): _____

Vehicle Information

1. CAR MAKE: _____ MODEL: _____

COLOR: _____ **LICENSE PLATE: _____ STATE: _____

2. CAR MAKE: _____ MODEL: _____

COLOR: _____ **LICENSE PLATE: _____ STATE: _____

Additional Notes

Fields marked with an asterisk (*) are required.

The access card holder agrees to abide by all reasonable rules and regulations now or hereinafter in effect pertaining to use of the parking garage, and to reimburse ESRT for any expense as a result of violations thereof, including, without limitation, towing expense for obstructing vehicles or traffic lanes. It is recommended that access card holders and their passengers not leave in or on the vehicle any readily detachable or removable articles such as clothing, jewelry, purses, baggage, or cellular phones. ESRT is not responsible for, nor shall ESRT be deemed an insurer for losses or damages suffered by vehicles parked at this facility such as, but not limited to, thefts, vandalism or damage inflicted by other vehicles or individuals in the parking garage.

The access card is the property of ESRT and there will be a \$25.00 charge for lost cards (Cost is subject to change.) Make Check Payable to: ESRT Ten Bank Street, LLC

Although retention and use of the issued access card continues an acceptance of the above terms, the requested information must be filled in above and the access card holder's signature provided below before the access card can be activated to allow entry into the parking facilities.

My signature below indicates that I have read all of the information provided on this Access Card Acceptance Form.

Print Cardholder Name

Signature