



CITY OF OAKLAND

## CIVIC CENTER COMPLEX Building Access Card Request Form

Complete the appropriate sections of the Building Access Card request form and have it approved by Agency Representative and return to the Civic Center Complex Building Management Office, 250 Frank H. Ogawa Plaza, Suite 1329, Email: [cservicerequests@oaklandnet.com](mailto:cservicerequests@oaklandnet.com) or Fax 238-7363.

**1. AGENCY INFORMATION / AUTHORIZED REQUESTOR**

|                            |  |  |  |
|----------------------------|--|--|--|
| DEPARTMENT REPRESENTATIVE: |  | REQUEST DATE:  |  |
| AGENCY/DIVISION:           |  | <b>24 HR ACCESS REQUIRES AGENCY DIRECTOR'S INITIALS:</b> |  |
| REQUESTOR'S SIGNATURE:     |  | TELEPHONE:   |  |

**2. TYPE OF ACCESS CARD REQUEST**

|   |   |               |                                      |  |
|---|---|---------------|--------------------------------------|--|
| <input type="checkbox"/> NEW ACCESS CARD  | <input type="checkbox"/> REPLACEMENT CARD | REASON        | <input type="checkbox"/> DEACTIVATED | <input type="checkbox"/> LOST <b>\$10.00</b> |
| <b>NOTE: THERE IS A CHARGE OF \$10.00 FOR LOST CARDS. REPLACEMENT CARDS DO NOT REQUIRE AGENCY REPRESENTATIVE APPROVAL. PLEASE MAKE CHECKS PAYABLE TO CITY OF OAKLAND.</b> |   |               |                                      |  |
| <input type="checkbox"/> CASH   | <input type="checkbox"/> CHECK            | CHECK NUMBER: | DATE:                                |  |

**3. EMPLOYEE INFORMATION**

|                 |  |                  |  |
|-----------------|--|------------------|--|
| EMPLOYEE NAME:  |  | AGENCY/DIVISION: |  |
| ASSIGNED FLOOR: |  | BUILDING:        |  |
| EMAIL:          |  | TELEPHONE:       |  |

**4. SELECT THE ACCESS CARD TYPE AND AUTHORIZED LEVEL**

|   |   |   |  |
|---|---|---|--|
| ACCESS NEEDED FOR THE FOLLOWING BUILDINGS:  | <input type="checkbox"/> CITY HALL          | <input type="checkbox"/> DALZIEL          | <input type="checkbox"/> LIONEL WILSON |
| <input type="checkbox"/> REGULAR DAY ACCESS: 6:00 AM TO 12:00 AM, MONDAY THROUGH FRIDAY |   |   |  |
| <input type="checkbox"/> UNLIMITED ACCESS: 24 HOURS A DAY, 7 DAYS A WEEK                |   |   |  |
| <input type="checkbox"/> SPECIAL ACCESS:  | <input type="checkbox"/> BIKE CAGE          | <input type="checkbox"/> WOMEN'S LOCKER'S | <input type="checkbox"/> MEN'S LOCKERS |
| <input type="checkbox"/> PERMANENT EMPLOYEE   | <input type="checkbox"/> TEMPORARY EMPLOYEE | <input type="checkbox"/> CONTRACTOR       | <input type="checkbox"/> INTERN        |
| SIGNATURE OF PERSON RECEIVING ACCESS CARD   |   | DATE:                                     |  |

All persons issued an access card shall be accountable for the safekeeping and authorized use of issued card. Cards should be kept in their possession and should not be loaned to others, as it is unique to the assigned individual. The access security system monitors all activity by name of individual. Issuance of access cards is subject to terms and conditions for the return upon termination of employment. If card is lost or stolen, employee should notify the Building Management office to cancel card. There is a \$10 replacement fee for lost cards. NO EXCEPTIONS.

**BUILDING MANAGEMENT USE ONLY**

|               |  |                  |  |
|---------------|--|------------------|--|
| COMPLETED BY: |  | COMPLETION DATE: |  |
|---------------|--|------------------|--|