



LONGFELLOW

Access Card Request Form

Top portion of form to be completed by authorized requestor. Please email completed and signed form to acrankshaw@lfrep.com.

Company Name: _____

Building Address: _____

Phone Number: _____ Suite No.: _____

Start Date: _____ Expiration Date: _____

The undersigned requests the following (please print):

New Card Order Assigned to: _____

Reactivate Card #: _____ and re-assign to: _____

Deactivate Card #: _____

- Employee no longer with company
- Card has been lost
- Card is not working

Type of Access:

Building Access - 24 hours a day, 7 days a week include holiday access

Other Building Access Hours (please specify): _____

Please sign below to authorize Management Office to process this access card request as stated above and acknowledge that San Diego Creekside, LLC, San Diego Creekside Holdings, LLC, San Diego Creekside REIT, LLC, Longfellow Strategic Value Master Fund, LLC, Longfellow Strategic Value Fund II, LLC, LSVF Pacific, LP, LSVF Americas, LP, Longfellow Capital Partners II, LP, Longfellow Real Estate Partners, LLC, Longfellow Property Management, LLC, LFREP Services, LLC, Invesco CMI Investments, LP and their respective members, managers, partners, officers, directors, affiliates, agents, representatives, employees, successors, and assignees are held harmless from any, and all responsibility in issuing this card. The Tenant is responsible for notifying Landlord if card is lost or re-assigned to another individual.

Authorized Requestor: _____
(Signature)

Name/Title: _____
(Please print)

Email address: _____ Phone: _____

Management Office Use Only:

Management Approval: _____ Work Order # _____ Date: _____