

# LEASE TENANT SECURITY ACCESS FORM

## FILLED IN BY ACCESS BADGE HOLDER

<b>First Name:</b>	<b>Last Name:</b>
<b>Company Name:</b> California Office of Data and Innovation	<b>Primary Work Location:</b> 401 I Street, Suite 200, Sacramento, CA 95814
<b>Job Title:</b>	<b>Phone Number:</b> (916) 841-4047
<b>Email:</b> administration@innovation.ca.gov	<b>End Date (if applicable):</b>

## RESPONSIBILITIES OF ACCESS BADGE HOLDER

I understand that I am personally responsible for the access card issued to me and will take reasonable steps to prevent its misuse, loss, theft and/or damage. I will immediately notify my supervisor and email [badgerequest@cityofsacramento.org](mailto:badgerequest@cityofsacramento.org) when I discover that the access card is missing, damaged or if I no longer need access. If lost card is found, it must be immediately returned to the access coordinator.

I will wear the badge while in a City of Sacramento Facility with the photo displayed and easily visible. The access badge that is assigned to me is for my exclusive use and I not loan or give it to other individuals. I will not allow others to tailgate through a secured door. Upon exiting a secured door/gate, anyone entering a secured door must badge in and cannot just walk in as I exit.

**Tenant's Employee Signature:**

## REQUEST FOR

<input checked="" type="checkbox"/> New Badge	<input type="checkbox"/> Access Change	<input type="checkbox"/> Additional Access	<input type="checkbox"/> Replacement
If Replacement provide Reason:			
<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen	<input type="checkbox"/> Damaged	<input type="checkbox"/> Other:
<b>Access Time:</b>			
<input type="checkbox"/> 24/7	<input checked="" type="checkbox"/> Business Hours	<input type="checkbox"/> Other:	
<b>Tenant's Manager or Designee (approval for request):</b>		<b>Signature</b>	
Print Name Tara Stevens, Head of Administration		Tara Stevens	

## FACILITY ACCESS – Please note that each site has an authorized City of Sacramento Site Manager that can sign off on access.

<b>300 Richards</b>			
<input type="checkbox"/> River District	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Access/ Comment:</b>			
<b>Site Manager:</b>		<b>Site Manager:</b>	
Print Name		Signature	
<b>City Hall</b>			
<input type="checkbox"/> Tifferet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Access/ Comment:</b>			
<b>Site Manager:</b>		<b>Site Manager:</b>	
Print Name		Signature	
<b>City Hall Garage COMING SOON</b>			
<input type="checkbox"/> Verizon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Access/ Comment:</b>			
<b>Site Manager:</b>		<b>Site Manager:</b>	
Print Name		Signature	
<b>Capitol Garage COMING SOON</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Access/ Comment:</b>			
<b>Site Manager:</b>		<b>Site Manager:</b>	
Print Name		Signature	
<b>Sacramento Valley Station</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Access/ Comment:</b>			
<b>Site Manager:</b>		<b>Site Manager:</b>	
Print Name Jeremiah Beam		Signature	

## CONTACTS & SUBMITTING FORM

Submitting Forms: Only Electronic Submissions are accepted.

- Email forms to [badgerequest@cityofsacramento.org](mailto:badgerequest@cityofsacramento.org)
- On the subject line put Employee's first and last name

## LEASE TENANT SECURITY ACCESS FORM

**Access Coordinator contacts:**

- City Hall: (916)808-5761
- 24<sup>th</sup> St Corp Yard: (916)808-6811
- Email: [badgerequest@cityofsacramento.org](mailto:badgerequest@cityofsacramento.org)