

Return completed form to Healthcare Realty:

EMAIL bsorensen@healthcarerealty.com

MAIL 500 Osborne Road NE, Suite 360
Fridley, Minnesota 55432

HEALTHCARE REALTY

Parking Pass

Tenant name: _____

Building address: _____ Suite #: _____

Phone: _____ Fax: _____ Tenant contact email: _____

Request details

1 RECIPIENT

Name: _____ Office Phone: _____ Mobile Phone: _____

2 **TYPE OF PASS (check one):** General Parking Temporary Other _____

3 **LICENSE PLATE NUMBER:** **MAKE:** **MODEL:** **COLOR:** **YEAR:**

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Note: No one other than the recipient should use the recipient's parking pass. Vehicles without appropriate parking pass are subject to be towed immediately at vehicle owner's expense.

This request is for an additional or replacement card.

AUTHORIZED BY:

Signature _____ **Date** _____
(Electronic signature represented by **blue type**)

Name (print) _____ **Title** _____

OFFICE USE ONLY

Pass number: _____ By: _____ Date: ____ / ____ / ____
Initials

Called requester to pick up on: ____ / ____ / ____ AND/OR Emailed tenant on: ____ / ____ / ____

Date logged: ____ / ____ / ____



Revised Sept. 2015

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