



Westway Plaza

Parking / Building Access Card Application

Employee Name: _____ Date: _____
Email Address: _____
Company Name: _____ Floor: _____
Phone Number: _____ Suite: _____

Card/Toll Tag Information:

Company Card Number: _____	HCTRA Toll Tag Number: _____
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Vehicle Information:

	Primary Vehicle (Required)	Secondary Vehicle
License Plate Number:		
Make:		
Model:		
Year:		
Color:		
State:		
<input type="checkbox"/> New Employee (\$10 New Card; \$5 Re-assign Admin Fee) <input type="checkbox"/> Lost or Stolen (\$10 Replacement) <input type="checkbox"/> Damaged or Defective (\$10 Replacement)		<input type="checkbox"/> Update Vehicle Information <input type="checkbox"/> Driver Name Change (\$5 Admin Fee) <input type="checkbox"/> Returned Card (Non-Refundable)

If you have any questions or concerns, call the Management Office at 346.404.0480.

Please review to confirm all necessary information is filled in and is correct.

Return this form via email: WestwayPlaza.PM@hines.com
