

**Company Name** 

Suite Number

**Employee Name** 

Building Card Number (If Applicable)

Toll Tag

## Vehicle Information:

	Primary Vehicle (Required)		Secondary Vehicle
License Plate Number:			
Make:			
Model:			
Year:			
Color:			
State:			
New Employee (\$10 New Card; \$5 Re-assign Admin Fee) Lost or Stolen (\$10 Replacement) Damaged or Defective (\$10 Replacement)		Update Vehicle Information Driver Name Change (\$5 Admin Fee) 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: <u>WestwayPlaza.PM@hines.com</u>

Signature of Authorized Tenant Representative Prin

**Print Name** 

Date