

# Building Access Request Form

Date: \_\_\_\_\_

☐ Request Access

☐ Report a Problem

☐ Card Key

☐ FOB Key

☐ Legion Member

☐ Auxiliary Member

☐ Sons Member

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Legion/SAL/Aux Member Number

\_\_\_\_\_  
Email Address

Please provide details on your problem or issue

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**COMMITTEE USE ONLY: Committee Date Completed:** \_\_\_\_\_