



Coordinator Designation Form

All agencies in DGS operated facilities must have designated coordinators.
This form must be returned to the DGS Parking Services and Building Access Section.

ACTION REQUESTED			
<input type="checkbox"/>	New Designee Remove Previous:	<input type="checkbox"/>	Updated Contact Information
COORDINATOR INFORMATION			
First Name:		Last Name:	
Title:			
Agency:		Agency Number:	
Building Name/Address:		Fax:	
Work Phone:		Alternate Phone: (after-hours emergencies)	
Email Address:			
ACTION REQUESTED			
<input type="checkbox"/>	Primary Agency Parking Coordinator (only one per agency)	<input type="checkbox"/>	Secondary Parking Coordinator (may have multiple)
<input type="checkbox"/>	Primary Agency Access Card Coordinator (only one per agency)	<input type="checkbox"/>	Secondary Access Card Coordinator (may have multiple)
<input type="checkbox"/>	Primary Agency Facilities Coordinator (only one per agency)	<input type="checkbox"/>	Secondary Facilities Coordinator (may have multiple)
FACILITIES (Please list the buildings(s) and floors(s) your agency occupies)			
Building Name:		Floor(s):	

The undersigned acknowledges his/her responsibility to comply with the policies issued by the Department of General Services.

Coordinator Signature:	Printed Name:	Date:
Agency Head or Designee Signature:	Printed Name:	Date: