



# FACILITIES MANAGEMENT

## IDENTIFICATION / ACCESS CARD REQUEST

NEW   
  ACCESS CHANGE   
  TERMINATE ACCESS   
  DEPARTMENT CHANGE  
 REPLACEMENT   
  INTERN   
  TEMPORARY   
 DURATION: \_\_\_\_\_

### APPLICANT INFORMATION

Employee ID#: \_\_\_\_\_ Current Parking Garage Access Location \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Department: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Work Location: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Driver's License/State ID No.: \_\_\_\_\_ Cell Phone #(\_\_\_\_)\_\_\_\_\_ Work#(\_\_\_\_)\_\_\_\_\_

**By my signature below, I acknowledge and accept all the terms and conditions as set forth herein and applied.**

- 1) All cards are the property of Bexar County and each card is on loan to the applicant for their sole use. Transferring of cards is un-authorized.
- 2) Facilities Management reserves the right to deny issuance or revoke any card.
- 3) All cards must be returned to Facilities Management upon separation with Bexar County to the Paul Elizondo Tower, 9<sup>th</sup> Floor, Suite 930.
- 4) Facilities Management will provide the first card at no cost. Lost cards and cards damaged by other than normal wear and tear will be replaced at the cost of \$20.00 per card. **Check or Money Order Only - made payable to Bexar County Clerk.**
- 5) Lost or stolen cards must be reported immediately to the Facilities Management Department by e-mail to: [countyaccessbadge@bexar.org](mailto:countyaccessbadge@bexar.org) .

### **Instructions:**

Bring this completed form and your Texas Driver's License or Texas Department of Public Safety ID to the Facilities Management Office at the Paul Elizondo Tower, 9<sup>th</sup> Floor, Suite 930, Monday thru Friday between the hours of 8:30 AM - 11:30 AM (Excluding County Holidays) for processing and issuance of the Identification/Access card. If you have questions please email: [countyaccessbadge@bexar.org](mailto:countyaccessbadge@bexar.org).

\_\_\_\_\_  
(PRINT) Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REQUESTING DEPARTMENT SECTION**

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: ( ) \_\_\_\_\_

Days worked: \_\_\_\_\_ Hours worked: \_\_\_\_\_

Building(s) Accessed: \_\_\_\_\_ Room(s) Accessed: \_\_\_\_\_

Card Access Level Requested: \_\_\_\_\_  **Deputy/Facilities Management**

If Reassignment Provide:

From(Dept./Level): \_\_\_\_\_ To(Dept./Level): \_\_\_\_\_ Effective \_\_\_\_\_

\_\_\_\_\_  
(PRINT) Department Head/Authorized Personnel (SIGNATURE) Department Head/ Authorized Personnel Date

**COURT SECURITY SERVICES USE ONLY**

PERIMETER ACCESS APPROVAL  LTC

Location/Building: \_\_\_\_\_ Door Accessed: \_\_\_\_\_

\_\_\_\_\_  
(Print) Sheriff's Office/Authorized Personnel (Signature) Sheriff's Office/Authorized Personnel Date

**FACILITIES MANAGEMENT ELECTRONICS SECTION USE ONLY**

**ACCESS CARD NUMBER:** \_\_\_\_\_

Date Card Generated: \_\_\_\_\_

Date Card Destroyed: \_\_\_\_\_

Issued By: \_\_\_\_\_  
(Print Name)

Deleted By: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(SIGNATURE) Authorized Personnel

\_\_\_\_\_  
(SIGNATURE) Authorized Personnel