



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 Cadena Reevas Justice Center, 300 Dolorosa Office B-009, San Antonio, TX 78205
- 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

Instructions:

Bring this completed form and your Texas Driver's License or Texas Department of Public Safety ID to the Cadena Reevas Justice Center 300 Dolorosa Office B-009, San Antonio, TX 78205 Monday, Wednesday and Friday between the hours of 8:00 AM - 12:00 3M (Excluding County Holidays) for processing and issuance of the Identification/Access card. If you have questions please email: 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**
(GREEN BACKGROUND)

If Department 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: _____ EXPIRATION DATE: _____

Date Card Generated: _____ Date Card Destroyed: _____

Issued By: _____ Deleted By: _____
(Print Name) (Print Name)

(SIGNATURE) Authorized Personnel (SIGNATURE) Authorized Personnel