

**OPB****Office of Parking and Badging**
Division of Capitol Square Services

dgs.virginia.gov

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):	
Building Name:		Floor(s):	
Building Name:		Floor(s):	
Building Name:		Floor(s):	

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

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

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Entered By: _____ Date Entered: _____