



Office of State Buildings

Galvez Parking Garage Validation Form

To Be Completed by Requestor

Name of Garage Parked In Galvez Garage

Building Visited Floor No.

Requestor Name (Printed)	<input type="text"/>		
Agency\Company Name	<input type="text"/>		
Tel No. (T) / Cell No. (C)	T	<input type="text"/>	C
Name of Person Visited	<input type="text"/>		
Name of Agency Visited	<input type="text"/>		

Purpose of Visit

Requestor's Signature: _____ Date: _____

❖❖ NOTE: ALL THE ABOVE FIELDS MUST BE COMPLETED TO OBTAIN FREE PARKING ❖❖

To Be Completed by Authorized Validator

Authorized Validator Name	<input type="text"/>
Authorized Validator Signature	<input type="text"/>
Date of Authorization	<input type="text"/>
Time of Authorization	<input type="text"/>

Authorized Validator's Remarks

GALVEZ GARAGE

PARKING VALIDATION

If you parked in the Galvez Parking Garage, please ask for a parking validation form from one of the validators below.

The parking validators are:

Name	Floor	Location	Phone
Dominique Birdine	1st	1 st floor security desk	342-1971
Timothy White	1st	138	342-3501
Mary Norton	1st	152	342-7524
Carolyn Taylor	8 th	881-2	342-9341