



Office of State Buildings

Welcome Center/Galvez Parking Garage Validation Form

To Be Completed by Requestor

Name of Garage Parked In Galvez Garage Welcome Center 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