DEPARTMENT OF GENERAL SERVICES POLICE
BALTIMORE STATE OFFICE CENTER
BUILDING PROX ACCESS REQUEST FORM

Name: _____ _____ _____ Date of Birth: _____
(Print) LAST FIRST MI

DHMH/Agency: _____ Last four numbers of Social Security Number _____

Office Address: _____ Office Phone # _____

Front Card Number: _____ Back Card Number: _____

BUILDING PROX ACCESS

☐ 201 Building ☐ 300 Building ☐ 301 Building

Authorization Signature: _____
(Appointing Authority/Senior Department /Agency Official)

Print Name: _____ Phone: _____

Title: _____

Justification: _____

Day(s) of the week: ☐ M ☐ Tue ☐ W ☐ Thu ☐ F Entry time _____ Exit Time _____

☐ 24/7 (Limited Use) ☐ Sa ☐ Su Entry time _____ Exit Time _____

ID Coordinator Signature: _____ Date: _____

Print Name: _____

Title: Central Service Division, Chief or Deputy Chief