



# 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