

## Disable, Remove Access, Report Lost Access Card

First:	Last:
Employee Office	Department:
Location:	Employee #:
Card #:	
Request to:	
Please specify the acce	ess to be removed:
Appointed Authority:	
L	copy of this form sent back to you.
Appointed Authority:	
Appointed Authority:	
ı	
	BGS Use Only
Access Card Number:	Action/Date:
Programmed by:	

BGS (Rev. 9/2016)