

- PROCEDURE:**
1. Complete the FAC Request/Authorization Form
 2. Obtain authorization
 3. Send authorized form to appropriate contact listed below for access activation:
 - ♦ Central Support Services Building (LOL)..... H.R. (NPR)
 - ♦ Communications Center (NPR)..... H.R. (NPR)
 - ♦ Detention Central (LOL)..... Cpl. Rick Branscomb (LOL)
 - ♦ East Operations Center (DC)..... H.R. (NPR)
 - ♦ Pasco Judicial Center (East - DC)..... Sgt. Frank Inverso (DC)
 - ♦ Pasco Judicial Center (West - NPR)..... Sgt. Edward Lape (NPR)
 - ♦ Trinity D-3 (NPR)..... H.R. (NPR)

ACCESS TO THE PSO FACILITY(IES) INDICATED BELOW IS REQUESTED FOR THE FOLLOWING PERSON:

Permanent Card **Temporary Card Authorization till** ____/____/____

Authorization for: (Name - Please Print) _____ Title: _____

PSO Command/Bureau/Unit/Department: _____

Pasco County Fire Rescue (access to Communications Center only)

FACILITY

CENTRAL SERVICES SUPPORT BUILDING - (LOL) (Must be authorized by the PSO Chief of Forensics)

Main Entrance Only Records Forensics

Prop & Ev - All Prop & Ev - Gate Only Prop & Ev - Vault Only

Authorization: _____ Date: ____/____/____

COMMUNICATIONS CENTER - (NPR) (Must be authorized by the Law Enforcement Supervisor responsible for this facility)

PSO General PSO Supervisors Fire Rescue General Fire Rescue Supervisors

Authorization: _____ Date: ____/____/____

DETENTION CENTRAL - (LOL) (Must be authorized by the Major of Detention responsible for this facility)

Authorization: _____ Date: ____/____/____

EAST OPERATIONS CENTER - (DC) (Patrol must be authorized by PSO Capt. responsible for this facility)

(CID must be authorized by PSO Lt. responsible for this facility)

Patrol (Includes main entrance/parking lot) Criminal Investigations (Includes main entrance/parking lot)

Authorization: _____ Date: ____/____/____

PASCO JUDICIAL CENTER - (East - DC) (Must be authorized by the Sgt. for security responsible for this facility)

Authorization: _____ Date: ____/____/____

PASCO JUDICIAL CENTER - (West - NPR) (Must be authorized by the Sgt. for security responsible for this facility)

Authorization: _____ Date: ____/____/____

TRINITY D-3 - (NPR) (Must be authorized by the PSO Capt. responsible for this facility)

Authorization: _____ Date: ____/____/____

FOR ACTIVATION RECORDS ONLY

Activated by: _____

Date: ____/____/____

Card ID#: _____

Embedded #: _____

PSO# 10050 (Rev. 8/12)

Deactivated by: _____

Date: ____/____/____

Reason: Lost Stolen Damaged Other: _____

If applicable: Original card turned in