

ACCESS CARD RECEIPT

Employee		Card Number	
Employer	Palm Beach County/BOCC	Department	

I hereby acknowledge receipt of this access card. **This card is designated exclusively for my use only.** There is no fee for a replacement access card if damaged or it malfunctions. If the card is lost, pursuant to Countywide PPM CW-L-041, there is a replacement fee of \$5.00. This access card must be surrendered upon termination of my employment.

Signed: _____ Date: _____

PLEASE SIGN, DATE AND RETURN TO ESS / ACCESS SECTION

Hex Code Number: _____

Pin Number: _____

Receipt Number: _____
Lost Card

TO ACTIVATE CARD

Please call 561-233-0750 or email FDO-ACCESS-Support@pbcgov.org
