To: State Capitol Police Administration

Date: _____/_____/_____

Subject: Room Access / Removal Request

Please Allow: ____________________________ Ext:____________________ access to:

Print name of person being granted access

Phone #

Committee area(s) and/or Room(s) #: ______ #: ______ #: ______ #: ______ #: ______

Caucus: ___ SDO    ___ SRO     ___ HDO     ___ HRO      ___ EBO     ____________________ Other

Please Remove: ____________________________ Ext:____________________ from areas:

Print name of person being removed from access

Phone #

Committee area(s) and/or Room(s) #: ______ #: ______ #: ______ #: ______ #: ______

Caucus: ___ SDO    ___ SRO     ___ HDO     ___ HRO      ___ EBO     ____________________ Other

Caucus Chief Name: ________________________________

Printed Name:

Caucus Chief Signature: ________________________________ Date: ____/_____/_____

or

Legislator’s Name: ________________________________

Printed Name:

Legislator’s Signature: ________________________________ Date: ____/_____/_____