

BOARD OF COUNTY COMMISSIONERS  
1800 27<sup>TH</sup> STREET,  
VERO BEACH, FLORIDA 32960  
(772) 567-8000



IDENTIFICATION BADGE FORM

NEW \_\_\_\_\_

REPLACEMENT \_\_\_\_\_ WHY? \_\_\_\_\_

NAME: \_\_\_\_\_

EMP. # \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DIVISION: \_\_\_\_\_

I ACKNOWLEDGE THAT THIS PERSON IS AN EMPLOYEE OF \_\_\_\_\_

\_\_\_\_\_ DIV/DEPT

AND -

I AUTHORIZE THE HUMAN RESOURCES DEPARTMENT TO ISSUE THIS

EMPLOYEE AN INDIAN RIVER COUNTY IDENTIFICATION BADGE.

BADGES WILL BE PROCESSED ON THURSDAYS BETWEEN THE HOURS OF 3:00pm –  
5:00pm

\_\_\_\_\_  
DEPARTMENT HEAD'S SIGNATURE

\_\_\_\_\_  
DATE

HUMAN RESOURCES DEPT: Badge Number: _____  Date Issued: _____  <b>HR USE ONLY</b>
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