

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



NAME: _____

JOB TITLE: _____

DEPARTMENT: _____

DIVISION: _____

CONTACT PERSON FOR APPOINTMENT:

NAME: _____ PHONE: _____
(DEPARTMENT REPRESENTATIVE)

I ACKNOWLEDGE THAT THIS PERSON IS AN EMPLOYEE OF _____
_____ DEPARTMENT AND

I AUTHORIZE THE HUMAN RESOURCES DEPARTMENT TO ISSUE THIS
EMPLOYEE AN INDIAN RIVER COUNTY IDENTIFICATION BADGE.

DEPARTMENT HEAD'S SIGNATURE

DATE

(PLEASE RETURN THIS FORM TO THE HUMAN RESOURCES DEPARTMENT)

Badge Number: _____
Date Issued: _____
HR USE ONLY