



Facility Contact Information

IMPORTANT: *It is the role and responsibility of the User Account Administrator (UAA) to update facility contact information in the data system. Complete this form only if you are a new facility, or the UAA is unable to conduct user account and contact information maintenance within the system.*

Please print clearly.

Facility Name:

Facility Identification Number:

Primary Contact*:

Name (First, Middle Initial, Last, Credentials):

Title:

Phone Number:

Fax Number:

Mailing Address (Street):

City, State, ZIP:

Email:

Facility Administrator*: *This should be the person in charge of the day-to-day operation of the facility (CEO or equivalent).*

Name (First, Middle Initial, Last, Credentials):

Title:

Phone Number:

Fax Number:

Mailing Address (Street):

City, State, ZIP:

Email:

Secondary Contact (optional):

Name (First, Middle Initial, Last, Credentials):

Title:

Phone Number:

Fax Number:

Mailing Address (Street):

City, State, ZIP:

Email:

** OSHPD will generate important notices (approval letters, penalty letters, etc.) to the Primary and Facility Administrator Contacts.*

As verification, please sign and date this form, then fax to OSHPD at **(916) 327-1262**.

Verified by:

Print Name

Title/Position

Signature

Date