Revised 2/2024

Office of State Buildings State of Louisiana

Division of Administration

JEFF LANDRY GOVERNOR



TAYLOR F. BARRAS COMMISSIONER OF ADMINISTRATION

Building Coordinator Form OSB Work Control Telephone Number: 225.219.4800 Email the completed and signed form to <u>DOA-WorkControlGroup@la.gov</u>

Agency Information				
Agency:	Department:			
Section:	Building:			
Section H	ead:			

Primary Building Coordinator						
First Name:		Last Name:				
Email Address:		Telephone:				
Personnel No.:		Position No.:				
Floor No.:		Suite(s):				

Secondary Building Coordinator					
First Name:	Last Na	me:			
Email Address:	Telepho	one:			
Personnel No.:	Position	No.:			
Floor No.:	Suite(s)	:			

Back-up Building Coordinator						
First Name:	L	ast Name:				
Email Address:	Т	elephone:				
Personnel No.:	Po	osition No.:				
Floor No.:	Su	uite(s):				

Signature Requirement						
Section Head Signature:		Date:				

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