THIS FORM IS TO BE COMPLETED AND RETURNED TO THE PROPERTY MANAGER BY SEPTEMBER 30TH OF EACH FISCAL YEAR OR AS NEEDED ON AN INTERIM BASIS DURING ANY FISCAL YEAR THAT PERTINENT PERSONNEL CHANGES OCCUR.

FROM: (Namo	of College or Division)	DATE:		ANNUAL: UPDATE:
(Marrie	of College of Division)			
AREA DEAN OR VICE PI	RESIDENT:		SIG	NATURE:
	(Printed or	Typed Name of Dean	or VP)	
CBA/DBA:			SIGNATURE:	
(Printed	d or Typed Name of Property (Custodian)		
BANNER 'T' NUMBEI	R:	MAIN PHONE #:		BLDG. & ROOM:
ALTERNATE: (Required	1			
NAME:			SIGNATURE:	
	ed Name of Alternate)			
BANNER 'T' NUMBEI	R:	MAIN PHONE #:		BLDG. & ROOM:
DEPARTMENT/AREA D	ESIGNATION OF PROPERT	Y CUSTODIAN	CONTACT NAME:	
BANNER 'T' NUMBER:		MAIN PHONE #:		BLDG. & ROOM:
DEPARTMENT/AREA:			CONTACT NAME:	
BANNER 'T' NUMBER:		MAIN PHONE #:		BLDG. & ROOM:
-				
DEPARTMENT/AREA:			CONTACT NAME:	
BANNER 'T' NUMBER:		MAIN PHONE #:		BLDG. & ROOM: