



Department of Financial Services
Division of Accounting and Auditing

FLORIDA ACCOUNTABILITY CONTRACT TRACKING SYSTEM
FACTS Contact Form

**AGENCY ACCESS APPROVER
WEBSITE ACCESS REQUESTS**

Name
Phone
Email
Title

**AGENCY ACCESS APPROVER
WEBSITE ACCESS REQUESTS (BACK-UP)**

Name
Phone
Email
Title

**AGENCY TECHNICAL CONTACT
FTP'S AND INTERFACE QUESTIONS**

Name
Phone
Email
Title

**AGENCY TECHNICAL CONTACT
FTP'S AND INTERFACE QUESTIONS (BACK-UP)**

Name
Phone
Email
Title

**PUBLIC INQUIRY CONTACT
PUBLIC INFORMATION QUESTIONS AND
REQUESTS**

Name
Phone
Email

**PUBLIC INQUIRY CONTACT
PUBLIC INFORMATION QUESTIONS AND
REQUESTS (OPTIONAL BACK-UP)**

Name
Phone
Email

OTHER EMERGENCY CONTACT

Agency
Title
Position #
Printed Name
Signature
Date

I, _____, certify that I am the Director of Administration (or equivalent) at
the _____ and have the authority to complete this FACTS Contact Form.