

PA COVER SHEET

NOTE: GOVERNOR'S OFFICE: Please initial and date each PA in top right corner.

DEPT: _____

CONTACT PERSON: _____

CONTACT PERSON PHONE: _____

CONTACT PERSON E-MAIL: _____

AGENCY ADDRESS: _____

RETURN PA'S TO: **AGENCY**

DAS STATE SERVICES
30 E. BROAD ST
28th FLOOR
466-4194

NOTES: _____
