



**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.