



PUBLIC WORKS & ENGINEERING
PAY OR PLAY MANAGEMENT SYSTEM
ACCESS REQUEST FORM

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Submit completed form to: pwe.payorplayprogram@houstontx.gov

Date: ____/____/____

___ NEW ___ UPDATE ___ TERMINATE

I. REQUEST INFORMATION (*Required)

*Employee Name: _____

*Job Title: _____

*Job Function: _____

*Non-City of Houston Employee:

Company Name: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

*City of Houston Employee Only:

Department: _____

Division: _____

Branch: _____

II. REASON FOR REQUEST:

****FOR PWE SMALL BUSINESS DEVELOPMENT GROUP USE ONLY****

III. AUTHORIZATION (PWE POPMS ADMINISTRATOR): _____ APPROVE _____ DENY

 (PRINT) (SIGNATURE)

 NOTIFICATION DATE