



Add/Remove User Name

Please indicate to add, remove, or modify the user from your system.

Add Remove Modify

User Name:

Password:

If adding, what software applications should this user have access to?

Name of Software:	<input type="checkbox"/> Full Access	<input type="checkbox"/> Inquire Only
Name of Software:	<input type="checkbox"/> Full Access	<input type="checkbox"/> Inquire Only
Name of Software:	<input type="checkbox"/> Full Access	<input type="checkbox"/> Inquire Only
Name of Software:	<input type="checkbox"/> Full Access	<input type="checkbox"/> Inquire Only
Name of Software:	<input type="checkbox"/> Full Access	<input type="checkbox"/> Inquire Only
Name of Software:	<input type="checkbox"/> Full Access	<input type="checkbox"/> Inquire Only

Additional Notes:

By signing this document, you are authorizing an employee at Local Government Data Processing to perform the action indicated above.

Official Requesting Login Change

Office Name

Date

Fax completed form to (931) 380-1258 Attn: Phone Support

LGDPC USE ONLY

(SIGN WHERE APPLICABLE)

Software application user changes:

By: _____ Date: _____

Network user changes:

By: _____ Date: _____

This document should be filed electronically in Laser Fiche and this paper copy shredded for security.