

OUTAGAMIE COUNTY · MIS DEPARTMENT · Security Access Request Form - FRMS

Add     Change     Remove     Disable

Last Name:  First Name:  MI:

Department:  Telephone:

User Title:  Town or City of:

Mailing Address:

City:  Zip Code:

User Trained By:  Date Requested:

User Email Address:

Comments:

Grant Citrix Access to:

- Fire     FireTraining     Site Administrator     Reporting Services Admin  
 Reporting Services User

Request Sent By:  Timestamp:

Requestor Email Address:

**MIS USE ONLY**

User Name:	<input type="text"/>	PASSWORD:	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>		

Please learn your LOGIN ID and PASSWORD to both the LAN and the AS400(if applicable). Keep this document in a safe place and DO NOT allow anyone to see your ID or PASSWORD. For security reasons, passwords are randomly generated and may seem confusing. There is no special reason for the letters and/or numbers that make up your password.

**ALL PASSWORDS SHOULD BE TYPED IN LOWER CASE,  
UPPER CASE IS USED FOR CLARITY REASONS ONLY.**

SAR Completed Signature/Date: