

Local Government Assistance Program/Community Water Enrichment Fund
User Access Request Form

Local Government:			
Parish:			
Mailing Address:			
LaGov Vendor Number:			
User Name:		User Last 4 SSN:	
User Title:		User Phone Number:	
User Email Address:			
User M ID, if available:			
User Signature:		Date:	

By signing below, the Chief Elected Official hereby approves the above named user to create, edit, and submit an application for funding under the Local Government Assistance Program and/or the Community Water Enrichment Fund Program.

Chief Elected Official (printed):			
Title:		Date:	
Chief Elected Official Signature:			

User should complete this form in its entirety and print. User and Chief Elected Official must sign completed form. Upon full execution, user should scan form to Fenishia Favorite at fenishia.favorite@la.gov. OCD-LGA will process request and respond by email to user. Only one user id can be issued to one email address.

Any questions regarding completing this form should be directed to Fenishia Favorite at fenishia.favorite@la.gov or 225-342-5884.