ASSET MANAGEMENT SYSTEM

☐ Request for ID and Password   ☐ Request to delete user

PLEASE PRINT OR TYPE

Date of Request: _____

Agency Name: _____

Agency Number: _____
include all sub numbers

Signature of Property Manager: _____

REQUEST FOR ID AND PASSWORD

First Name: _____

Last Name: _____

Email: _____

Telephone Number: (_____) _____ Extension: _____

Fax Number: (_____) _____

Specify Access Level (check only one):

☐ Agency User (Full Access) - ability to add, edit, and dispose of property or fleet records

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☐ Inquire Only - ability to inquire and run reports on all agencies listed above

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REQUEST TO DELETE USER

First Name: _____

Last Name: _____

Email: _____

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* LPAA USE ONLY *

User Id Assigned: _____