



HOMESTEAD DATABASE / ASSESSOR-EDIT LOGIN REQUEST

State Form 55801 (3-15)

Prescribed by the Department of Local Government Finance

LOGIN REQUEST SECTION

Office Holder Name: _____ E-Mail: _____

Office: _____

Telephone: _____ Fax: _____

Signature of Office Holder: _____ Date (month, day, year): _____

USER INFORMATION SECTION

PLEASE PRINT CLEARLY ALL INFORMATION EXCEPT SIGNATURE.

User Name: _____ E-Mail: _____

Department: _____

Address (number and street): _____

City, State, and ZIP: _____

Telephone: _____ Fax: _____

Application(s) for which Login is Requested: _____

By signing below, I acknowledge that I may not disclose information about computer passwords and identification characters. The login provided by my County Administrator is designated for my use when accessing online DLGF applications and I am responsible for all activity under my login. If I become aware of any breach or suspected breach of information security, I will promptly report it to my supervisor and the County Administrator. The County Administrator should in turn report the matter to the DLGF. In addition, I acknowledge my responsibility to secure all records that may contain confidential information from the view of or access by unauthorized persons. Confidential paper files should be stored in locked cabinets or drawers whenever feasible, should not be left unattended in areas where visitors may enter, and should be disposed of by shredding or other secure method. I understand that I may not allow access to electronic files by unauthorized persons, nor to authorized persons for unauthorized purposes, and that I must follow the electronic security measures for confidential and sensitive information that are established by my supervisor.

Signature of User: _____ Date (month, day, year): _____

County Administrator Use ONLY

USERID: _____ Completed By: _____ Date Completed (month, day, year): _____

APPROPRIATE ACCESS PROVIDED: _____