

LEDS Web Access Application & Change of Information

PLEASE PRINT CLEARLY!

Agency Information: ORI _____

Return to LEDS/Attn: Web Access

Fax to LEDS 503-364-2661

Mail: PO Box 14360, Salem, OR 97309

Billing Contact Information:

Fee is for 1 year or any portion of a year.

Contact Person: _____

Agency Name: _____

TOTAL NO. OF CURRENT USERS

Address: _____

City, State, Zip: _____

Preferred Vendor:

Email: _____

ForseCom Web _____ WebLEDS _____

Technical Contact: (Provide routable IP Address)

Name _____ Phone _____ e-mail _____

LEDS Rep:

Name _____ Phone _____ e-mail _____

USER INFORMATION

New User? ___ Yes ___ No (If yes, fill in this Section)

Repeat User Information as needed on additional pages

Full Name	Title	Telephone	Static Public IP Address	Supervisor
_____	_____	_____	_____	_____

Full Name	Title	Telephone	Static Public IP Address	Supervisor
_____	_____	_____	_____	_____

Full Name	Title	Telephone	Static Public IP Address	Supervisor
_____	_____	_____	_____	_____

Replacing Current User? ___ Yes ___ No (If yes, list name of person who is no longer with your Agency)

Full Name	Title	Telephone	Static Public IP Address	Supervisor
_____	_____	_____	_____	_____

Full Name	Title	Telephone	Static Public IP Address	Supervisor
_____	_____	_____	_____	_____

LEDS use only:

Date received _____ Message Switch _____ FW _____