



# Emergency Services New User Form



This form should be completed by someone on Emergency Services' Department Authorization Form for new personnel within EMA or the ECC. Submit completed form to help@wcoh.net.

## USER INFORMATION *please complete all applicable fields*

First Name _____	Hire Date _____
Last Name _____	Job Title _____
Email _____	Employee # _____
Mobile # _____	CAD ID _____
Carrier _____	Radio Alias _____
OLN _____	Portable Radio ID _____
	Serial # (if applicable) _____

## WHAT ACCESS DOES THIS USER NEED SETUP?

Need a Secure Two-Factor Authentication Token?  Yes  No

<input type="checkbox"/>	CAD	<input type="checkbox"/>	EMA	<input type="checkbox"/>	INdigital (911)
<input type="checkbox"/>	Citrix / Gateway <i>(token required if accessing from outside the ECC)</i>	<input type="checkbox"/>	HipLink	<input type="checkbox"/>	Microsoft Office <i>(mailbox &amp; proofpoint)</i>
<input type="checkbox"/>	Desk Phone				

## USER AGREEMENT *For Token Accounts Only*

By signing this document I agree to not share my User Accounts, Passwords or token with anyone, including Management. I understand my duty to notify Telecom within 72 hours at 513.695.HELP if my token is lost, stolen, damaged, or malfunctioning. Replacement costs for my lost or physically damaged token will be billed to my agency.

\_\_\_\_\_  
*Signature of User*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Signature of Authorizing Department Member*

\_\_\_\_\_  
Date