



## Account Request

**To whom it may concern,**

Attached is a list of \_\_\_\_\_ trainees that will need accounts for the E-Plan system. I have personally verified that each person requesting access to E-Plan has been screened by me and is authorized to have access to our counties' and/or cities' facility information.

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(sign)

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(print)

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(date)

<b>General Information</b>	
State	
City/County	
* Authorizing E-Plan Authority	Name: Title:
Phone Numbers	Office: Cell/mobile:
Work Address	
Email address	

\* This person, usually a local judge, or judge's designate, is responsible for authorizing personnel for training, plus issuing all E-Plan individual account documents created as a result of this document.

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