



## 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.

\_\_\_\_\_  
(sign)

\_\_\_\_\_  
(print)

\_\_\_\_\_  
(date)

General Information	
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.