

## **Local Government Access Request and User Authorization Form**

This form is to be used by Local Government(s) in requesting authority to upload its jurisdiction's financial and financial-related data to the Arizona Financial Transparency Portal (The Portal), managed by the Arizona Department of Administration, General Accounting Office (ADOA-GAO.) This form is also used to remove such authority that has previously been granted. Access is granted solely to those Local Government(s) that have entered into an Arizona Financial Transparency Portal Service Agreement (Agreement) with the ADOA-GAO governing such services. ADOA-GAO reserves the right – at its sole discretion – to grant, deny, modify or revoke access to or privileges within The Portal Administrative system or any of the other tools, systems or technical environments that support The Portal, in accordance with that Agreement. Approval of this request by the ADOA-GAO will grant the Entity User(s) access to The Portal Administrative system.

The official, authorized by the Local Government (please see contract for the authorized official) may appoint one or more Entity User(s). An Entity User will be able to edit an entity's profile, upload and delete files. It is recommended that each Local Government have at least two Entity Users (primary and backup). An Authorized Official may be one of the Entity Users. This form must be completed and forwarded to ADOA-GAO, as directed below, before accessing The Portal.

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Entity Name				En	tity Type			
Authorized Official								
Name					Title			
Business Email Address			Phone Number					
Request Entity User(s)								
Action		Name	Title		Business Email Address		Phone Num	ıber

By submitting this form, I certify that I am the Authorized Official for the Local Government listed above. I authorize and appoint the above-named individual(s) as Entity User(s). This form must be sent from the Local Government Authorized Official's business email address. Use the Submit by Email button or save this form and send as an email attachment to AFTP@azdoa.gov

Date

**Authorized Official Signature**