

REPORTLINE
Virginia Department of Accounts
LOCALITY REQUEST FORM FOR CARS MONTHLY REPORTS ACCESS

Date	____ / ____ / ____	User <i>(check one)</i>	<input type="checkbox"/> Clerk's Office <input type="checkbox"/> Treasurer's Office
Logon ID (Create One) <i>(5 to 8-Character/Alpha-Numeric)</i>	_____		
Your F I P S Number	_____	Action <i>(check one)</i>	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Delete
Locality Name	_____		
Name	_____ <div style="display: flex; justify-content: space-around; font-size: small;"> <i>First</i> <i>Middle Initial</i> <i>Last</i> </div>		
Signature	_____		
E-mail Address	_____		
Telephone	_____		

Date	____ / ____ / ____	User <i>(check one)</i>	<input type="checkbox"/> Clerk's Office <input type="checkbox"/> Treasurer's Office
Logon ID (Create One) <i>(5 to 8-Character/Alpha-Numeric)</i>	_____		
Your F I P S Number	_____	Action <i>(check one)</i>	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Delete
Locality Name	_____		
Name	_____ <div style="display: flex; justify-content: space-around; font-size: small;"> <i>First</i> <i>Middle</i> <i>Last</i> </div>		
Signature	_____		
E-mail Address	_____		
Telephone	_____		

Authorized by (Locality): _____

Signature *Date*

Entered by (DOA): _____

Signature *Date*

Return Form To: **Donna Rabender**
 Virginia Department of Accounts
 P. O. Box 1971
 Richmond, VA 23218-1971
 804 / 225-3063
Donna.Rabender@doa.virginia.gov
804 / 225-4250