

**DEPARTMENT OF ACCOUNTS**  
**LAS Security Access Request Form**

**Form: LAS-S1**

<b>Agency Number</b>		<b>Agency Name</b>	
<b>Phone Number</b>		<b>LAS Coordinator</b>	
<b>FAX Number</b>		<b>Email Address</b>	

*I certify that this agency maintains a system of internal control over on-line access LAS adequate to prevent unauthorized access to or changes in the data contained therein, and that the use of this form constitutes an integral part of that internal control system.*

**Date** \_\_\_\_\_ **LAS Security Officer** \_\_\_\_\_

First	Middle Init.	Last	DOA Assigned LAS ID Number	Date LAS Access Added

**Access Agencies**


**Please forward to:**  
**Department of Accounts**  
**Fixed Asset/Lease Section**  
**P.O. Box 1971**  
**Richmond, VA 23218-1971**

**DOA Authorized Signature:** \_\_\_\_\_