

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

Date	<hr/>	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>	<hr/>		
Your F I P S Number	<hr/>	Action <i>(check one)</i>	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Delete
Locality Name	<hr/>		
Name	<hr/>		
	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
Signature	<hr/>		
E-mail Address	<hr/>		
Telephone	<hr/>		

Date	<hr/>	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>	<hr/>		
Your F I P S Number	<hr/>	Action <i>(check one)</i>	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Delete
Locality Name	<hr/>		
Name	<hr/>		
	<i>First</i>	<i>Middle</i>	<i>Last</i>
Signature	<hr/>		
E-mail Address	<hr/>		
Telephone	<hr/>		

Authorized by (Locality):

<hr/>	<hr/>
<i>Signature</i>	<i>Date</i>

Entered by (DOA):

<hr/>	<hr/>
<i>Signature</i>	<i>Date</i>

Return Form To— **Donna Rabender**
Virginia Department of Accounts
P. O. Box 1971
Richmond, VA 23218-1971