MINNESOTA JUDICIAL BRANCH

Change Request Form for OA Login Account (Exhibit A)

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1. Instructions to Applicant (This form for use by government agencies only)

This Change Request Form is intended for an entire business unit of a government agency, not an individual user. It is intended to make administrative changes to an existing OA account. Only one change request is permitted per form. OA provides Register of Actions information for public case records only.

Complete this entire form. You may clearly print, type, or complete electronically. ***Tip:*** *This is a Microsoft Word document. To complete this form electronically: 1) save to your computer, 2) press Tab to fill out the form fields, 3) save and print 2 copies.*

2. Applicant Information (ALL FIELDS ARE REQUIRED)

Today's Date:	**County/City/State Agency:** **NOTE:** Identify your agency name as it is written on the front page of the login account agreement attached to this change request.	**Business Unit/Department within Agency:** **NOTE:** Identify the business unit or the department within the agency (i.e., the subdivision of your "county/city/state agency" located at left) for which you are changing account access.

Mailing Address:

Agency Contact Person	**Director/Manager Authorizing Request** (if different than Agency Contact)
Name:	Name:
Position/Title:	Position/Title:
Phone:	Phone:
E-mail:	E-mail:

3. OA User Information (REQUIRED)

Account ID

Please indicate the OA Account ID for which you are changing account access: _____

Update Number of Users

Please give us an update on the number of people in your agency that use this account: _____

NOTE: The signed agreement requires that you keep a record of everyone who has been given this account access.

Remove Existing Account

☐ Remove existing account (enter Account ID here): _____

Change Password

☐ Request password change

NOTE: You will be notified of your new password and the approximate date the password change will take effect. Please use your old password until you are notified of the effective change date.

Change Static IP Address

☐ **Remove** the following Static IP Addresses (enter a single, list, or range of Static IP Addresses):

☐ **Add** the following Static IP Addresses (enter a single, list, or range of Static IP Addresses):

NOTE: A range should only be provided for the business unit needing access and not the entire county/agency.

5. Signatures

This Change Request Form is submitted in connection with and made part of the most recent login account agreement executed by the Applicant and the State, by reference. Make two copies of this completed Change Request Form and include an authorized handwritten signature on both copies under the Applicant signature block below.

APPLICANT		THE STATE	
By:		**By:**	
	(signature)		(signature)
Date:		**Date:**	
Name:		**Name:**	
	(typed)		(typed)
Title:		**Title:**	
Office:		**Office:**	

6. Submission

To submit this Change Request Form, attach a copy of your agency's existing login account agreement. See Policies & Notices §5.3 for more details.

Mail two signed copies of this Change Request Form and your agreement to your State Access Representative. See Policies & Notices §5.5 for information on State Access Representatives.