2. Applicant Information (ALL FIELDS ARE REQUIRED)



Request Form for MGA Login Account (Exhibit A)

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

This Request Form is intended for an entire business unit of a government agency, not an individual user. Use this form to request a new account, not to make changes to an existing account. MGA provides Register of Actions information for public case records only. MGA is an Internet browser-based application that requires no installation. Only one account request is permitted per form. 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.

Today's Date:	County/City/State Agency:		Business Unit/Department within Agency:		
	NOTE: Identify your agency name as it is written on the front page of the MGA login account agreement attached to this request. If you are creating a new agreement, identify your agency name at its highest level, such as Anoka County, City of Willmar, or Minnesota Department of Public Safety.		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 requesting 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. Login Account Information					
	n account, to be shared with users with of access needs, submit a separate Re		vith the same access needs. If your business d.		
Number of Us	ers				
Indicate the approximate number of people in your agency using this account:					
NOTE: The signed, attached agreement requires that you keep a record of everyone who will be given access to this account.					

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4.	5	O	na	tU	res

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

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

5. Submission

To submit this Request Form, you must attach a copy of your agency's existing Master Subscriber Agreement or a new agreement. See Policies & Notices §5.3 for more details.

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