

OnBase Access Request Form

Instructions: Complete sections and forward to LCIS (One Government Center Suite 400; Fax- 419.213.4024)

Section 1: User Information

Select one checkbox for your request.		
<input type="checkbox"/> New User Account	<input type="checkbox"/> Delete User Account	<input type="checkbox"/> Modify User Account

First Name: _____ MI: _____ Last Name: _____
 Department: _____ Building: _____
 Phone: _____ Ext: _____ Email: _____
 Signature: _____ Date: _____

Section 2: OnBase Information

Select Yes or No for each of the areas below. More than one may apply.

Task	Yes	No	Task	Yes	No
View Documents	<input type="checkbox"/>	<input type="checkbox"/>	OnBase Briefcase	<input type="checkbox"/>	<input type="checkbox"/>
Scan Documents	<input type="checkbox"/>	<input type="checkbox"/>	Application Enabler	<input type="checkbox"/>	<input type="checkbox"/>
Administrator	<input type="checkbox"/>	<input type="checkbox"/>	Notes: _____		

Please choose all groups below that apply.		
<input type="checkbox"/> AF - Auditor Finance <input type="checkbox"/> AE - Online Docket <input type="checkbox"/> AHR - Auditor HR <input type="checkbox"/> AR - Auditor Real Estate <input type="checkbox"/> BHVS - Board of Health <input type="checkbox"/> BR - Building Regs <input type="checkbox"/> CE - County Engineers	<input type="checkbox"/> CS - Court Services <input type="checkbox"/> CSEA - Child Support <input type="checkbox"/> COC - Clerk of Courts <input type="checkbox"/> COT - Sanitary Engineer <input type="checkbox"/> DR - Domestic Relations <input type="checkbox"/> DW - Dog Warden	<input type="checkbox"/> JC - Juvenile Court <input type="checkbox"/> JFS - Job & Family Services <input type="checkbox"/> LC - Commissioners <input type="checkbox"/> LCIS - Information Services <input type="checkbox"/> RM - Risk Management <input type="checkbox"/> SE - Sanitary Engineer

Section 3: Director/Supervisor Signature

A user account will not be created or modified without the director/supervisor signature(s). Please allow for up to one week for changes to take effect. Expedited requests will be handled on a case-by-case basis. The signing director/supervisor acknowledges that OnBase license usage for new users may result in an increased charge back fee to your department. For information on department charge back fees, contact LCIS at 419-213-4025.

Director/Supervisor Name (Printed): _____ Phone: _____
 Director/Supervisor Signature: _____ Date: _____

Note: Agencies that request access to other agencies documents within OnBase are required to obtain appropriate signatures from the other agencies director/supervisor.

Other Director/Supervisor (Printed): _____ Phone: _____
 Other Director/Supervisor Signature: _____ Date: _____