



Self-Service Reporting Application Form

I _____ (name of individual), _____ (job title) authorize the following person (s) to have access to the reports for _____ (Gov't dept, Municipality, SNB, Other).

Gov't dept., Municipality, SNB, Other:	Address: _____
Telephone:	_____
Email:	

Client Administrator (Main contact person for reports)

User Name (Individual's name):	Telephone:
User ID or Account #:	Email:
Approved to view detailed customer information: Yes <input type="checkbox"/> No <input type="checkbox"/>	Language Preference: Français <input type="checkbox"/> English <input type="checkbox"/>

I understand that this request is for use of the Self Service Reporting system only. Should access to other systems be required additional information and forms may be required.

Signature

Date