

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.

2. Applicant Information (ALL FIELDS ARE REQUIRED)							
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 login account agreement attached to this change request.			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)							
User's Name (First, Last):			City:				
Business Unit: choose one	below		County:				
☐ City Attorney		☐ Corrections ar	nd Probation	☐ Federal Agency			
☐ County Attorney		☐ Law Enforcem	nent	☐ Social Services Agency			
☐ County-Funded Contract	ct Attorney	☐ Public Defend	ler	Other Minnesota Government Agency			
☐ Minnesota Attorney Ger	neral	☐ Civil Legal Se	rvices Agency	Other			
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 Acco	ount						
Remove existing account (enter Account ID here):							
Change Password							
☐ Request password change							
	otified of your new pass of the effective change		imate date the pass	sword change will take effect. Please use your old password			
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.	Sig	na	tui	res

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	
Ву:		Ву:	
	(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.