# MLERMS User Request From

MUSKEGON CENTRAL DISPATCH 9-1-1
When Seconds Count

## Supervisor Information

Action: Please Choose

Date:

Authorized By:

Title:

Department: Please Choose

Phone:

Email:

Reason:

## Employee Information

First:

Middle:

Last:

Title:

Department: Please Choose

Address:

City:

MI

Zip Code:

Phone:

Email:

**Need Help?**

Please call the Computer Information Systems Department at the number listed below. Select option 3.

**Click Here to Email Form**

Please fill in all boxes on this form. If the information provided is incomplete or inacurate we will be unable to create user accounts for MLERMS access.

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