CJLEADS AGENCY POINT OF CONTACT UPDATE INFORMATION

Agency Name: _____

The **Primary** and **Secondary** points-of-contact for AGENCY are the following:

	Primary Contact	**Secondary Contact**
Name		
Title		
Address Line 1		
Address Line 2		
City, State and Zip		
Phone		
Fax		
Email Address		

List (2) Agency points-of-contacts for any of the following roles below:

	NCID User Administrator	**MFA Administrator**
Name		
Title		
Address Line 1		
Address Line 2		
City, State and Zip		
Phone		
Fax		
Email Address		

	CJLEADS Administrator	**Training Coordinator**
Name		
Title		
Address Line 1		
Address Line 2		
City, State and Zip		
Phone		
Fax		
Email Address		

CJLEADS AGENCY POINT OF CONTACT UPDATE INFORMATION

List (2) Agency points-of-contacts for any of the following roles below:

	Chief of Police	**Agency Audit Contact**
Name		
Title		
Address Line 1		
Address Line 2		
City, State and Zip		
Phone		
Fax		
Email Address		

	Technical Contact	**User / CJLEADS / MFA Administration Contact**
Name		
Title		
Address Line 1		
Address Line 2		
City, State and Zip		
Phone		
Fax		
Email Address		

SIGNATURES

Note: The undersigned hereby states that he or she has the legal authority to bind AGENCY contractually, is an appropriate signatory authority as defined in the "Policy for Access to the CJLEADS Information System," and agrees to all of the terms of this Agreement and those incorporated by reference.

Typed or printed NAME of AGENCY signatory authority   TITLE of AGENCY signatory authority

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SIGNATURE of AGENCY signatory authority   Date

Return to CJLEADS by Email at cjleadshelp@nc.gov or Fax at 919 754-6947

November 3, 2014

CJLEADS
REMOVAL OF AGENCY CONTACT INFORMATION

Agency Name: _____

The following agency point-of-contacts should be removed from agency contact database:

Name	Agency User Role	Date of Removal	Reason

SIGNATURES

Note: The undersigned hereby states that he or she has the legal authority to bind AGENCY contractually, is an appropriate signatory authority as defined in the "Policy for Access to the CJLEADS Information System," and agrees to all of the terms of this Agreement and those incorporated by reference.

_____   _____
Typed or printed NAME of AGENCY signatory authority   TITLE of AGENCY signatory authority

_____   _____
SIGNATURE of AGENCY signatory authority   Date

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