



CIMS User Access Form

Indiana Office of Technology
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Indianapolis, In 46204
Office: 317-232-3171 Fax: 317-234-0917

User Information

1. Agency _____
2. Full Name _____
3. Email Address _____
4. Contact Phone Number _____

Signature CIMS User _____

Signature of Manager _____

*****This Portion is for IOT Staff Only*****

User assigned password _____

User assigned Group _____

User assigned Access Level _____

Signature of CIMS System Admin _____

Please return completed form to IOT. Attention: CIMS Team