

TASP DATABASE/AGO USER AGREEMENT

Single User Agreement

Agency/Department: _____ Position/Title: _____

Barracks: _____ PASP/911 Center: _____

Acknowledgement of Confidentiality Requirements

I hereby agree not to disclose any information contained on this site to anyone other than law enforcement officials and individuals with access to this site, and to maintain the security of my password. I understand that failure to adhere to any mandatory policy may result in revocation of my and/or my department's privileges to use the database.

Name: (Please Print Legibly) _____

Date: _____

Employee Signature: _____

Employee Email Address: _____

Officer Number (if applicable) _____

Will employee be dispatching?

Yes

No

After completing this form, have employee and supervisor sign it.

Either mail or fax to:

**Court Diversion
Attorney General's Office
109 State Street, Montpelier, VT 05609-1001
or FAX: 802-828-3187**

Agency Head/Employee Supervisor Signature: _____

Print Name: _____

Address: _____

Phone Number: _____

Email Address: _____

For Court Diversion Use Only

Deleted from db:

Entered: _____

Cont spvr: _____

Reason: _____

Follow up: _____

Nov-09