



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		

The **user administration** and **training** points-of-contact for AGENCY are the following:

	User Administration	Training Contact
Name		
Title		
Address Line 1		
Address Line 2		
City, State and Zip		
Phone		
Fax		
Email Address		

	User Administration	Training Contact
Name		
Title		
Address Line 1		
Address Line 2		
City, State and Zip		
Phone		
Fax		
Email Address		



CJLEADS AGENCY POINT OF CONTACT UPDATE INFORMATION

The **Technical** points-of-contact for AGENCY are the following:

	Technical Contact	Technical Contact
Name		
Title		
Address Line 1		
Address Line 2		
City, State and Zip		
Phone		
Fax		
Email Address		

	Technical Contact	Technical 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

 SIGNATURE of AGENCY signatory authority

 Date

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

November 3, 2014

