

EXTERNAL BUSINESS PARTNERS NETWORK ACCESS REQUEST

To be completed by Livingston County staff requesting access for business partner.

Sponsoring Department:	
Department Contact:	First Name: Last Name: Phone Number: Title:
Location/Site Address:	Site: Number of PC's: PC's supported by:
County Systems and Applications To be Accessed:	
Non-County Systems and Applications To be Accessed:	
Business Justification for Access Request:	
Sponsoring Department Manager's Signature:	Date:
Departmental Sr. IT Manager Signature:	Date:
External Business Partner (EBP):	Agency Name:
External Business Partner Contact Information:	First Name: Last Name: Phone Number: Title:
I have reviewed and understand Livingston County's policy and procedure on External Business Partners access to the Livingston County side area network and systems. I agree to follow all policy and procedure requirements regarding hardware, software, and access. I understand that violation of this policy or procedure may result in loss of access to the County's Network.	
EBP Signature:	Date:
Complete above and return this form to Sr. IT Manager	
Below to be completed by Sr. IT Manager responsible for Infrastructure:	
Date Received:	Approved Not Approved
If not approved, reason:	
Signature:	