

Homeless Resource Council of the Sierras' HMIS END USER ACCOUNT REQUEST/TERMINATION FORM

<input type="checkbox"/> New User	<input type="checkbox"/> Change User Information	Today's Date: _____
<input type="checkbox"/> Delete User	<input type="checkbox"/> Other: _____	Effective Date: _____

Agency Information		
Name: _____	Phone Number: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____

Employee (HMIS End User) Information	
Name: _____	Phone Number: _____
Title: _____	Email: _____
Project Access: _____	

I am requesting that the above information be updated in the Homeless Resource Council of the Sierras' HMIS to reflect the listed changes.

CHO HMIS Site Manager/Executive Director

Date