

OnBase Access Request Form

Instructions: Complete sections 1-3 and forward to LCIShelpdesk@co.lucas.oh.us (One Government Center Suite 400).

Section 1: User Information			
Select one:	New User <i>(Model User after _____)</i>	Delete user	Modify User
First Name:	_____	MI: _____	Last Name: _____
Department:	_____	Address: _____	_____
Phone:	_____	Email: _____	_____
Business Purpose: _____			

Section 2: OnBase Information		Check all that apply			
AGENCY	PRIVILEGES				
Auditor Finance	AF Admin	AF Scan	AF Users (view/print)		
Auditor Real Estate	AR Admin	AR Scan	AR Users (view/print)		
Auditor REA Finance	ARF Admin	ARF Scan	ARF Users (view/print)		
Board of Health	BHVS Admin		BHVS Users (view/print)		
Board of Health Admin	BHAD Admin		BHAD Users (view/print)		
Building Regulation	BR Admin	BR Scan	BR Users (view/print)		
Clerk of Court	COC Admin	COC Scan	COC Users (view/print)		AE - Online Docket
	COC Backfile Admin	COC Backfile Scan	COC Backfile Users (view/print)		COC Appellate (Notes)
County Engineer	CE Admin	CE Scan	CE Users (view/print)		
Court Services	CS Admin	CS Scan	CS Users (view/print)		
Domestic Relations	DR Admin	DR Scan	DR Users (view/print)		
Dog Warden	DW Admin	DW Scan	DW Users (view/print)		
Juvenile Court	JC Admin	JC Scan	JC User (view/print)		JC Legal
	JC Fiscal Admin	JC Fiscal	JC-JFS User (view/print)		JC Prosecutor
LC Commissioners	LC Commiss Admin	LC Commiss Scan	LC Commiss Users (view/print)		
LC Information Services	LCIS Admin	LCIS Scan	LCIS Users (view/print)		
Imaging Lab	ImgLab Admin	ImgLab Scan	ImgLab Users (view/print)		
Risk Management	RM Admin	RM Scan	RM Users (view/print)		
Sanitary Engineers	SE Admin	SE Scan	SE Users (view/print)		

Notes: _____

Section 3: Acknowledgement & Signature	
Employee Signature: _____	Date: _____
<p>A user account will not be created or modified without the Director/Supervisor signature(s). Please allow up to one week for the changes to take effect. Expedited requests will be handled on a case-by-case basis. The signing Director/Supervisor acknowledges that OnBase license usage for new users may result in an increased charge to your department. For information on department charges contact LCIS at 419-213-4025.</p>	
Director/Supervisor Name Printed: _____	Phone: _____
Director/Supervisor Signature: _____	Date: _____
<p>Note: Employees that request access to another agencies documents within OnBase are required to obtain appropriate signatures from the other agencies Director/Supervisor.</p>	
Other Director/Supervisor Name Printed: _____	Phone: _____
Other Director/Supervisor Signature: _____	Date: _____