REQUEST FOR WEB ACCESS TO INDIGITAL 9-1-1 ALI DATABASE

1. Person authorizing account:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide contact information for the person requiring web access to the 9-1-1 Data for your organization. If multiple accounts are needed, fill out a separate form for each person:

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact (work) address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Authorization- what permissions should be given to the account-holder:

State, County/Counties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Account Type (choose one):

\_\_\_ View MSAG only \_\_\_ View MSAG and ALI \_\_\_ View and request changes to MSAG and ALI

1. To better secure the web interface to customer records, we use dual factor authentication. Besides the username and password, you will be asked to provide a One Time Password (OTP). This OTP is provided via one of the following options:
* Authenticator Application: per your agency policy, your choice of Authenticator Application on agency equipment
* Physical Fob mailed to you from INdigital

It will be more secure to have the Authenticator on a different device from where you do your database work.

Please reach out to your IT team for guidance on recommended software and agency policy. If you have any concerns, request a Physical Fob.

\_\_\_ Please email me a link that will provide an OTP QR code that can be added into most authenticator or password manager applications.

\_\_\_ Please send me a physical fob at the above address.

Please return this form to *database@indigital.net*. Once we have received this information a member of our team will establish the necessary accounts and reach out to the point of contact listed above for further coordination. Should you have any questions please contact us at

INdigital

*database@indigital.net* 1616 Directors Row

toll free: 877-469-2010 Fort Wayne, IN 46808