



*Attachment B*  
**ACCESS REQUEST FORM**  
**Cuyahoga County/Homeland Security Region II**  
**Fixed License Plate Reader System**

---

User Agency:  Agency ORI:

User Name:

First  Middle  Last

User Rank/Title:

User Ohio Driver's License Number:

User Phone Number:

User email\* Address:

*\* must be an agency address*

I have read and agree to the terms and conditions of use contained in the Cuyahoga County/  
Homeland Security Region II *License Plate Reader Policy*.

\_\_\_\_\_  
Signature - User

← **SIGN HERE**

**FOR COMPLETION BY AUTHORIZING HEAD OF AGENCY**

**I authorize user access rights for the above-named individual.**

\_\_\_\_\_  
Signature – Authorizing Agency Head

← **SIGN HERE**

Name:  Rank/Title:

Head of Agency Phone Number:

Head of Agency email\* Address:

*\* must be agency address*

*Submit completed form to Chagrin Valley Dispatch at support@cvdispatch.com. Questions?  
Contact Chagrin Valley Dispatch at support@cvdispatch.com or by phone at (440) 703-3555.*