

**DIVISION OF ENERGY, HOUSING AND
COMMUNITY RESOURCES GRANTEE &
EXTERNAL ACCESS REQUEST WisWAP
SECURITY AGREEMENT**

This form is to request access or a change for the WisWap reporting system.

Please fill in the following information:

1. Name of Agency	5. User's Last Name, First Name (please print)
2. Office Address	6. User ID
3. City/State/Zip	7. User's Work Phone Number/Extension
4. Job Title	8. User's e-mail Address

9. Choose the security level for which you are requesting access:

<input type="checkbox"/> Grantee <input type="checkbox"/> External			
Contacts: <input type="checkbox"/> Contact Grantee Admin <input type="checkbox"/> Assign Roles <input type="checkbox"/> Edit Own Grantee			
Contracts: <input type="checkbox"/> View All Contracts			
Buildings: <input type="checkbox"/> View		<input type="checkbox"/> Modify	
Applications: <input type="checkbox"/> View		<input type="checkbox"/> Modify	
Jobs: <input type="checkbox"/> View		<input type="checkbox"/> Modify	
Job Measures: <input type="checkbox"/> Add/Edit Measures		<input type="checkbox"/> Measure Costing	
Invoices: <input type="checkbox"/> View		<input type="checkbox"/> Modify	<input type="checkbox"/> Approver
Reports Access: <input type="checkbox"/> Yes		<input type="checkbox"/> No	
Is Auditor: <input type="checkbox"/> Yes		<input type="checkbox"/> No	
Is Inspector <input type="checkbox"/> Yes		<input type="checkbox"/> No	

By signing this agreement the requesting user and agency authorizer acknowledge and agree that the assigned login information will not be used by any other person but to whom it is assigned. The requesting user also agrees and acknowledges that entering, modifying or deleting data for one's relative, friend or own benefit is prohibited.

The WisWap data is confidential information in accordance with Wis. Stat. 943.70(2), summarized as follows: Whoever willfully, knowingly and without authorization destroys, accesses, takes possession of or copies data, computer programs or supporting documentation may be penalized. The user's signature on this form constitutes acceptance of responsibility of this statute.

User's Signature	Date	Agency Authorizer's Signature	Date
System Administrator's Signature	Date		
Reason for denial (if left blank, request has been approved).			