



NORTHAMPTON COUNTY
EMERGENCY MANAGEMENT SERVICES

MDT

USER REQUEST

Fax the completed & signed document to: (610) 746-3199

To submit via e-mail, you must be using [Adobe Acrobat Reader 9](#) or higher.

Date: Effective Date:

Requested Action:

Department:

Badge #: Last Name:

First Name: Middle Initial:

- Please suspend this officer's access.
- Please REMOVE/DELETE this officer's access.
- Please provide this officer access to Fortinet/MobilCop
- Please provide this officer MDT access.

Firewall Password:

*Firewall password MUST be a minimum of eight (8) characters and include at minimum of one (1) alpha character. If this password is blank, the officer will not be added.

This officer has been instructed in the use of CLEAN/NCIC access via the MDT.

Trainer Signature

***This form MUST be signed by the Chief or his/her pre-approved designee.**

Completed By: _____
Signature