

Office of the State Auditor - User Authorization Form

****FORM MUST CONTAIN BOTH SIGNATURES****

Completing this form authorizes the Office of the State Auditor ("OSA") to provide a specific individual ("Authorized User") access to reporting forms, including access to online reporting forms with a unique user login. A user-login acts as a signature and may only be used by the individual to whom it is issued. Do not share it with anyone. With a unique user-login, the Authorized User may submit forms on behalf of an entity. The Authorized User's access to reporting forms is valid through December 31, 2013, unless an earlier end date is entered here: _____. The unique user login can be canceled at any time upon written request to the OSA. Access to paper forms may also be withdrawn at any time.

Complete the top section of the form. The bottom section must be completed by the authorized user.

ENTITY INFORMATION

Entity Name:			
Contact Name:		Title:	

For which OSA division(s) will the authorized user be submitting forms on behalf of the entity?

_____ Pension _____ Tax Increment Financing _____ Government Information Division

By signing this form, I acknowledge and agree to the following:

1. I remain responsible for the accuracy of the data submitted and for ensuring that forms are submitted on time.
2. I will review for accuracy the information contained on the forms before the forms are submitted to the OSA.
3. My user-login acts as my signature and I will keep it confidential.
4. I understand that the information I provide on this form will be treated as "public" in the event of a data request.
5. I understand that information made available to the Authorized User is subject to the Minnesota Government Data Practices Act, Minn. Stat. ch. 13. See Minn. Stat. § 13.05, subds. 6 and 11.
6. I will withdraw this Authorization when the Authorized User's access to reporting forms is no longer required for my Entity.

Signature of Entity Employee or Trustee	Date

AUTHORIZED USER INFORMATION

Name:		Title:	
Company:			
Business Phone:		Fax:	
Business Email:			
Business Mailing Address:			

By signing this form, I acknowledge and agree to the following:

1. My user-login acts as my signature and I will keep it confidential.
2. I understand that the information I provide on this form will be treated as "public" in the event of a data request.
3. I understand that information made available pursuant to this Authorization is subject to the Minnesota Government Data Practices Act, Minn. Stat. ch. 13. See Minn. Stat. § 13.05, subds. 6 and 11.

Signature of Authorized User	Date

Please submit the completed form by email, fax, or postal mail.

Email: TIF@osa.state.mn.us

Pension@osa.state.mn.us

GID@osa.state.mn.us

Fax: (651) 297-3689 (TIF)

(651) 282-5298 (Pension)

(651) 282-2391 (GID)

Mailing Address:

525 Park Street, Suite 500, St. Paul, MN 55103

1/31/2013