HOUSTON MUNICIPAL COURTS DEPARTMENT
SYSTEMS SUPPORT DIVISION
SYSTEM SECURITY REQUEST FORM

NON COH Municipal Courts Department CSMART Access

☐ Permanent   Effective (Date) _____   ☐ Temporary   Remove access after (Date) _____

User Information	
Name:	**Date Requested:**
License/Bar No.	**Work Phone:**
Cell Phone:	**Job Function:**
Organization:	**Email:**

User Acknowledgement – Please Read– User must change password

I understand and agree to maintain the trust placed in me by the City to protect this ID and the access it allows. I specifically agree that:

- I will not share or disclose the log-in ID or password to anyone outside of the organization listed above.
- I will promptly report to the Internet Portal administrator or Houston Information Technology Services ("HITS") when I suspect that my log-in ID or password has been compromised and will request to have my password changed.
- Use of the City's data processing services (CSMART) is restricted to authorized business only.
- I may only access data to which I have specific authorization.
- I will be held responsible for any security breach traceable to my assigned log-in ID or password.

I have read and agree to comply with the attached User Agreement, also available at http://www.houstontx.gov/courts/registrationform2015.pdf.
Failure to meet these responsibilities will be subject to management review and action appropriate to the severity of the security violation.

User's Signature:	**Date:**
Authorization Signature: (Supervisor / Manager)	**Date:**

CSMART Security

PLEASE CHECK THE APPROPRIATE BOX(S)	**INFORMATION REQUIRED TO PROCESS REQUEST: Please provide specific CSMART function(s) that are needed. Please realize that an individual user can be updated, but access may be temporary. If a new profile needs to be created, please provide justification. A new profile must be approved by System Support management and tested in the CSMART Training environment prior to being put into the Production environment.**
☐ **REQUEST FOR NEW CSMART USER ID ROLE AND PASSWORD**	**Bondsmen** ☐ **Attorney** ☐

User Deactivations and Reinstatements

PLEASE CHECK THE APPROPRIATE BOX(S)	**INFORMATION REQUIRED TO PROCESS REQUEST**
☐ **DEACTIVATE USER SECURITY PROFILE**	**Effective Termination Date:** **Leave of Absence Over 30 days Effective Date:**
☐ **ACTIVATE (REINSTATE) SECURITY PROFILE**	**Effective Activation Date:**