Resource Manager Web Username and Password Request Form

Kansas Division of Emergency Management
2800 SW Topeka Blvd.
Topeka, Kansas 66611
Fax number (785) 274- 1426

Submit by E-mail

Print Form

Username Requested (First.Last)*

Name (First Last MI)

Phone Number

Email Address

Organization Name

County

Permissions Requested*

Do you require InterTrax Exchange access? (Y/N)

Authorizing Official (AO)

AO Phone Number

AO Signature and Date

* Recommend Username be full first name.full last name. Should there be duplicate names in the system the user will provide their middle initial i.e robert.k.jones.

* This document should be manually signed by the EM and/or AO and returned to the system administrator.

* By signing this form you are agreeing to the permission and username and password policy established by the Kansas Division of Emergency Management and the Organization you are requesting permission from.

* Level 1= Have permission to create, read, update, delete, and print for all organizations that fall in their jurisdiction.
* Level 2= Have same permissions as Level 1 EXCEPT they cannot delete records.
* Level 3= Have read only permissions to organization information they request. (This permission is granted by the Level 1 for the organization)

A follow-up phone call will be made to the EM / AO to confirm validity of request