

Sample Form CU-3
FILE ACCESS REQUEST

Request Date:	Request Time:
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File Name If Known -or- Unique File Contents For Search -or- Type Of Data Requested

User of files being referenced	
Department:	User:

Files Requested By	
Department:	User:

Reason for Request

I hereby grant permission for the Network Administrator to locate the above referenced file and give access to the person requesting it.

I agree to indemnify and hold the City of Saratoga Springs and the Information Technology Staff harmless from any loss, liability, claim or demand, including, but not limited to, reasonable attorney's fees, arising out of my intentional misuse or violation of the City's confidentiality policies and/or federal and state confidentiality laws of the materials provided to me by the Information Technology Department under this request.

Department Head Signature and Title:	Date:	Time:
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City Information Technology Systems Manager		
Signature:	Date:	Time:

Requested information provided by		
Signature:	Date:	Time: