



# CITY OF ATLANTA

Atlanta Information Management

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MAYOR

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CIO

## VPN ACCESS REQUEST FORM

*\*Please fill this form out in its entirety. Failure to do so may delay the request. Allow at least 72 hours from AIM receipt for*

Requester Information			
Type:	Employee <input type="checkbox"/>		
Name:		Department/Company:	
Address:		Desk Phone:	
Network ID:		Email:	
City Manager Name:		City Mobile Phone:	
Network Access Information			
Systems to be Accessed Remotely: <i>(Please specify server name, IP address, computer name, URL, etc.)</i>			
Access Begin Date:		Access End Date:	
Justification for Access:			
Signatures			
<p>By signing this form I, _____, certify that:</p> <ul style="list-style-type: none"> <li>I have read and signed the City of Atlanta's Access Control Policy (ISMS-A.9.1.1). I have also read the COA Acceptable Use Policy (ISMS-A.8.1.3) and COA Information Classification Policy (ISMS-A.8.2.1).</li> <li>The Vendor's computer has the latest anti-virus and Operating System security updates installed, and anti-virus is running at all times.</li> <li>I am requesting this access to provide services to the City of Atlanta pursuant to the Vendor's contract with the City.</li> <li>I acknowledge that my access is solely granted for the purpose of the Vendor to perform its obligations under the contract</li> <li>The Vendor will be responsible for ensuring that only properly licensed software is installed on my machine while connected to the City's network, and they will keep documentation of any and all required licensing</li> </ul>			
Requester Signature: _____			Date: _____
Director/Manager Signature: _____			Date: _____

### **FOR INTERNAL USE ONLY. DO NOT WRITE BELOW THIS LINE.**

Chief Security Officer Signature: _____	Date: _____
Approved: _____ Denied: _____	
Reason for Denial: _____	

PLEASE RETURN THIS FORM TO THE ATLANTA INFORMATION TECHNOLOGY