



**Division of Fire & Rescue Services
Montgomery County, Maryland**

**REQUEST FOR MCGOV ACCOUNT
FOR LFRD AND NON-COUNTY PERSONNEL**

(Please Print Clearly)

Date of Request: _____

Requested for (Last, First, MI): _____

Affiliation/Rank with MCFRS: _____

Address: _____

Daytime Phone: _____

Reason for Access: _____

How long is access required? _____

I have read, understand and agree to abide by the Montgomery County, Maryland Computer Security Policy and the Internet, Intranet, & Electronic Mail Policy.

Signature, Requestor

Requestor Rank

Date

New MCFRS users must be an IECS service provider (FF/R I / EMS Provider I and above) to be eligible for an McGOV account.

LFRD Approver, Chief or designee

LFRD Approver Title

Date

MCFRS Approver

MCFRS Approver Title

Date

*Return form to: Albert George, Chief Information Officer
101 Monroe Street, 12th Floor
Rockville, Maryland 20850*