

# ASTO Web Portal Access User ID Request Form

Please complete all fields and have the form signed and dated.  
e-mail completed form to: LGIP@aztreasury.gov

## Participant User Information

<b>Name:</b>	
<b>Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	
<b>Agency/Company Name:</b>	

\_\_\_\_\_  
Authorized Signer Signature

\_\_\_\_\_  
Date

## **For Treasurer's Office Use Only**

<b>Company #</b>	ASTO
<b>Group/Account #'s</b>	
<b>Access Level (Check Below)</b>	
<input type="checkbox"/> Client	
<input type="checkbox"/> Admin	
<b>Date Sent:</b>	<b>Treasurer's Office Authorized Signature:</b>