

CT DSS Annual Report Submission Login Request Form

Type of Request (select at least one):

Create Employee Access _____
Remove Employee Access _____
Create/Remove Consultant Access _____

Create Employee Access Information:

First Name _____ Last Name _____
E-Mail _____ Telephone _____
Job Title _____

Remove Employee Access Information:

First Name _____ Last Name _____
E-Mail _____ Telephone _____
Job Title _____

Consultant Access Information: Circle one: Create / Remove

First Name _____ Last Name _____
E-Mail _____ Telephone _____
Company Name _____ Job Title _____
Address _____
City _____ State _____ ZIP Code _____

Facility Information (required for all requests):

Facility Name _____
Address _____
City _____ State _____ ZIP Code _____

Contact Person/Administrator Authorization for Facility (required for all requests):

First Name _____ Last Name _____
E-Mail _____ Telephone _____
Job Title _____ Request Date _____

E-mail or fax the completed form to Myers and Stauffer LLC at:
E-Mail: AnnualReports@mslc.com Fax: (860) 687-0810
Both e-mailed and faxed forms must have a coversheet with facility letterhead.
Please place DSS Login Request in the subject line.