

Managed Access Control User Change Form

PORTLAND
530 NE Couch St
Portland, OR 97232
(503) 281-1177

SEATTLE
1015 Central Ave N
Kent, WA 98032
(425) 988-6500

SPOKANE
425 W Second Ave
Spokane, WA 99201
(509) 624-3152



Customer Name _____
 Administrator Name _____
 Customer Account # _____
 Email _____
 Phone _____
 Fax _____

Complete this form, sign it, and then return it to Allied via email to managedaccess@allied-security.com or fax to 509-624-7043.

Use this form to:

- Add a new user to your access control system
- Delete an existing user
- Replace an existing user with a new user
- Change access level

- If request arrives prior to 3:00 p.m. via email or fax, the change will be completed same day (during normal business hours, excluding holidays).
- If request arrives after 3:00 p.m. via email or fax during normal business days, the change will be completed by 10:00 a.m. the following business day.
- If immediate (emergency) assistance is required, email managedaccess@allied-security.com and in the subject line type **"EMERGENCY REQUEST"** or call 1-509-624-3152 and ask for the Managed Access Team to request a change. Emergency changes are made during normal business hours and will be completed within an hour from the time request was submitted. Upon completion of request you will be notified via phone and will incur an emergency request fee.

Current User: _____ Access Level: _____ Facility Code: _____ Card Number: _____ <input type="checkbox"/> Add, Effective Date: _____ <input type="checkbox"/> Delete, Effective Date: _____ <input type="checkbox"/> Change Name, Effective Date: _____ <input type="checkbox"/> Change Access Level, Effective Date: _____ <input type="checkbox"/> Replace Current User, Effective Date: _____ New User: _____ Access Level: _____ Facility Code: _____ Card Number: _____ <input type="checkbox"/> Add, Effective Date: _____ <input type="checkbox"/> Delete, Effective Date: _____ <input type="checkbox"/> Change Name, Effective Date: _____ <input type="checkbox"/> Change Access Level, Effective Date: _____ <input type="checkbox"/> Replace Current User, Effective Date: _____	Current User: _____ Access Level: _____ Facility Code: _____ Card Number: _____ <input type="checkbox"/> Add, Effective Date: _____ <input type="checkbox"/> Delete, Effective Date: _____ <input type="checkbox"/> Change Name, Effective Date: _____ <input type="checkbox"/> Change Access Level, Effective Date: _____ <input type="checkbox"/> Replace Current User, Effective Date: _____ New User: _____ Access Level: _____ Facility Code: _____ Card Number: _____ <input type="checkbox"/> Add, Effective Date: _____ <input type="checkbox"/> Delete, Effective Date: _____ <input type="checkbox"/> Change Name, Effective Date: _____ <input type="checkbox"/> Change Access Level, Effective Date: _____ <input type="checkbox"/> Replace Current User, Effective Date: _____
Current User: _____ Access Level: _____ Facility Code: _____ Card Number: _____ <input type="checkbox"/> Add, Effective Date: _____ <input type="checkbox"/> Delete, Effective Date: _____ <input type="checkbox"/> Change Name, Effective Date: _____ <input type="checkbox"/> Change Access Level, Effective Date: _____ <input type="checkbox"/> Replace Current User, Effective Date: _____ New User: _____ Access Level: _____ Facility Code: _____ Card Number: _____ <input type="checkbox"/> Add, Effective Date: _____ <input type="checkbox"/> Delete, Effective Date: _____ <input type="checkbox"/> Change Name, Effective Date: _____ <input type="checkbox"/> Change Access Level, Effective Date: _____ <input type="checkbox"/> Replace Current User, Effective Date: _____	Current User: _____ Access Level: _____ Facility Code: _____ Card Number: _____ <input type="checkbox"/> Add, Effective Date: _____ <input type="checkbox"/> Delete, Effective Date: _____ <input type="checkbox"/> Change Name, Effective Date: _____ <input type="checkbox"/> Change Access Level, Effective Date: _____ <input type="checkbox"/> Replace Current User, Effective Date: _____ New User: _____ Access Level: _____ Facility Code: _____ Card Number: _____ <input type="checkbox"/> Add, Effective Date: _____ <input type="checkbox"/> Delete, Effective Date: _____ <input type="checkbox"/> Change Name, Effective Date: _____ <input type="checkbox"/> Change Access Level, Effective Date: _____ <input type="checkbox"/> Replace Current User, Effective Date: _____

As an administrator for my company, I authorize Allied Fire & Security to modify my access control systems as directed above.

Signature _____

Print Name _____

Date _____