

# Lucas County Mobility Services Request Form

Lucas County Information Services  
One Govt. Center, Suite 400 Toledo, OH 43604  
Email: [lcishelpdesk@co.lucas.oh.us](mailto:lcishelpdesk@co.lucas.oh.us)  
Phone: 419-213-4037

Lucas County Information Services implemented technologies to address the need for mobile email, contacts, and calendaring for mobile devices such as SmartPhones and Internet tablets. Use of this technology must be in compliance with all Lucas County Internet, Social Media, and email policies and may be subject to public information requests. Success and limitations vary by device. Your experience may not be optimal. Please contact LCIS for consultation regarding your device if desired. Incomplete forms will not be processed.

Depending on usage, this service has potential to use large amounts of mobile data. By signing this request form you acknowledge that Lucas County is not responsible for any overages on your data plan that may result from use of this service. Only the device listed below will be permitted access, additional devices require approval. We recommend a strong password and setting a device password. Device security is the requester's responsibility. Unauthorized devices will be blocked. If a threat or malicious intent is detected the unauthorized device may be subject to remote wipe.

***The device must be registered and activated BEFORE LCIS can process***

**\*\*\* Print and complete sections 1- 3 below. Forward signed original to [LCISHelpDesk@co.lucas.oh.us](mailto:LCISHelpDesk@co.lucas.oh.us). \*\*\***

Section 1: USER INFORMATION	
Individual Name:	Request Date:
Email Address:	Work Phone #:
Department/Agency Name:	
Department/Agency Location:	

Section 2: ACCESS REQUESTED	
Device Brand Name:	(Motorola, HTC, Samsung, Apple, etc.)
Model Name:	(Evo, DroidX, Galaxy S5, iPad, etc.)
Owner Name:	
Cellular Number:	Carrier Name: (Verizon, Sprint, etc.)
ESN or IMEI:	<input type="checkbox"/> 4G <input type="checkbox"/> 3G

**Signature is NOT REQUIRED if previous mobility services have been set up and this is a replacement device.  
Device must be activated before LCIS can process.**

Section 3: ACKNOWLEDGMENT & SIGNATURE		
Access will not be created without the Director/Manager signature(s). Device security is the user's responsibility. Please allow up to one week for the changes to take effect. Expedited requests will be handled on a case-by-case basis.		
As the immediate manager, you acknowledge and authorize this mobility access request. The access is granted to the employee based upon their job duties and responsibilities. By signing you acknowledge that you have read and understand the request form.		
Print Requester Name:	Title:	Date:
Requester Signature:		
Print Manager Name:	Title:	Phone:
Manager Signature:		Date:

----- Information Services Internal Use Below -----

Processed By: \_\_\_\_\_  
Related Work Order #: \_\_\_\_\_  
Date Completed: \_\_\_\_\_