Municipality's CTM Access Form

County: _____   **Municipality**: _____

Please make the following CTM Access Changes to the above listed municipality's CTM records:

(Mark the corresponding check box(es) to make your choice)

☐ ***Add*** Person's Access (include Email Address)   ☐ ***Delete*** Person's Access
☐ Municipality's Current CTM Access List is correct and No Action Needed at this Time

Person's Name: _____

Email Address: _____
(Needed, if Add Person's Access)

Company Name: _____
(if different from Municipality's Name)

CTM Role:
☐   EXTERNAL AFF HOUSING TRUST FUND MONITORING
☐   EXTERNAL PROJECT/UNIT MONITORING
☐   EXTERNAL VIEW MUNI
☐   EXTERNAL RCA MONITORING

(Mark the corresponding check box(es) to make your choice)

☐ ***Add*** Person's Access (include Email Address)   ☐ ***Delete*** Person's Access
☐ Municipality's Current CTM Access List is correct and No Action Needed at this Time

Person's Name: _____

Email Address: _____
(Needed, if Add Person's Access)

Company Name: _____
(if different from Municipality's Name)

CTM Role:
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☐   EXTERNAL VIEW MUNI
☐   EXTERNAL RCA MONITORING

Authorized by: _____(signature)

Printed Name:_____
☐ Mayor   ☐ MHL/RCA Admin   ☐ Clerk/Manager/Administrator