



# AGENCY SERVICE REQUEST

DATE OF REQUEST
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AGENCY NAME		ORI		
ADDRESS		CITY	STATE	ZIP
CONTACT NAME		TITLE		
PHONE #	EXTENSION	CELL #		
BEST TIME TO CALL (must be during normal business hours)		E-MAIL ADDRESS		

**PROJECT INFORMATION**

<input type="checkbox"/> AGENCY MOVE	<input type="checkbox"/> PERMANENT (LEADS Agency Agreement must be included)	<input type="checkbox"/> TEMPORARY	EXPECTED MOVE DATE	
NEW ADDRESS		CITY	STATE	ZIP

AGENCY IS REQUESTING THE FOLLOWING SERVICES				
<input type="checkbox"/> LEADS ROUTER	<input type="checkbox"/> ENTERING AGENCY	<input type="checkbox"/> NON-ENTERING AGENCY	<input type="checkbox"/> VPN W / TOKENS	
<input type="checkbox"/> LEADS MOBILE	<input type="checkbox"/> NON-TERMINAL SERVICE	<input type="checkbox"/> OTHER (explain below)		

<input type="checkbox"/> ADD MESSENGER ORI NUMBER REQUESTED _____	<input type="checkbox"/> ADD CAD / INTERFACE ORI NUMBER REQUESTED _____	<input type="checkbox"/> CAD VENDOR / INTERFACE AGENCY NAME _____	<input type="checkbox"/> ADD MDT ORI
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<input type="checkbox"/> Transfer Records	Date of record transfer _____ (A Holder of the Record Agreement must be included)		
TRANSFER RECORDS FROM	ORI	TRANSFER RECORDS TO	ORI

<input type="checkbox"/> Cancel LEADS and retire ORI Effective Date _____
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DETAILED EXPLANATION OF REQUEST

ADMINISTRATOR OR DESIGNEE SIGNATURE		DATE
<b>X</b>		
ADMINISTRATOR OR DESIGNEE NAME AND TITLE (Please Print)	FORM COMPLETED BY (Please Print)	

LEADS completion time may take up to 90 days from date of request depending on the complexity of your project.

Email completed form to [LEADSAdmin@dps.ohio.gov](mailto:LEADSAdmin@dps.ohio.gov) or call (614) 466-2754 with questions.