CalSAWS API Access Request Form

Primary Requester	Executive Manager
Last Name	Last Name
First Name	First Name
Phone Number	Phone Number
Email	Email
Section/Job Title	Section/Job Title

County:

Application Name

Business Need/ Application Purpose

Comments

Developer Portal Access – (API documentation only)

Developer Contact Name	Developer Email Address	Signed CalSAWS User Agreement	
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Terms of Use

*Signatures provide agreement to above **Terms of Use**

Primary Signature   Exec. Mgr Signature

Date   Date

Email Completed Form to: Consortium.Tech.Support@CalSAWS.org