



FISCAL HEALTH MONITORING SYSTEM

REVISED AUTHORIZED PRIMARY USER CONTACT INFORMATION FORM

TO: Office of Policy and Management
Municipal Finance Services

Directions: To change the Primary User for your entity, please complete the form below and return to OPM by email to OPM-FHMS@ct.gov

Note: The Primary User will be the entity's system administrator. They will have administrative rights to provide other entity staff with access to the Fiscal Health Monitoring System (FHMS) and determine each user's role within the system.

Date: _____

Entity Name: _____

Name of Primary User to be made Inactive: _____

Title of Primary User to be made Inactive: _____

Email: _____

Name of new Primary User: _____

Title of new Primary User: _____

Telephone: (_____) _____ **Email:** _____

Signature of Chief Executive Officer*

** Signature is required confirming system administrative access to the FHMS.
Electronic signature is acceptable.*