

IGPP PORTAL USER AUTHORIZATION FORM

Municipality Name: _____

Authorized Representative:

Name: _____

Title: _____

Email Address: _____

Phone Number: (_____) _____

Address: _____

Town: _____ Zip Code: _____

If you are replacing an authorized user and need them removed, please complete the following:

Name: _____

Email Address: _____

Reason: No longer employed Change of Duty

Portal Access Permissions (select which modules representative has access to):

Assessment:

Add Vets	MME
Distressed	Renters
M13 Grand List	Revaluation (Assessor Only)
M37 PILOT	Sales Ratio

Finance:

LoCIP

Tax Collector:

M1 Tax Report

Chief Executive Officer (First Selectman, Town Manager) Approval

Name: _____

Title: _____

Signature: _____ Date: _____

Please return completed form to Debra.McCarthy@ct.gov