

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 (Mayor, First Selectman, Town Manager) Approval

Name: _____

Title: _____

Signature: _____ Date: _____

Please return completed form to OPMIGPP@ct.gov