



Cass County Government Sheriff's Office

SECURUS INMATE TELEPHONE RECORDING SYSTEM ACCESS REQUEST

First Name:

Last Name:

Title:

Agency:

E-Mail Address:

Phone Number:

I request access to the Cass County Inmate Telephone recording and monitoring system. I understand the use of this system is for official law enforcement business only and that my activities on this system is subject to monitoring. I will not disclose or share my access information with anyone inside or outside my agency.

Date:

Signature:

SUPERVISORS APPROVAL

Name:

Title:

Phone Number:

E-Mail Address:

I approve the above request for access to the Cass County Inmate Telephone system. I understand that in the event the above employee is no longer employed at our agency or the scope of their duties does not require to the system, that I will inform Cass County immediately to remove access to the system.

Date:

Signature:

Scan and email the completed form to: servicedesk@casscountynd.gov