



Bill Enrollment & Agency Requests System - Security Request Form

1. Complete User Identification Information

All fields are required for new system users.

| | |
|---------------------|------------------------------|
| Login ID (email): | Effective Date: (mm/dd/yyyy) |
| Agency Code Number: | Agency Name: |
| First Name: | Last Name: |
| Requested by: | Requestor Phone: |

2. Select Role and Action

Note: Only one role can be selected per user. Information on roles and permissions can be found in the [Roles and Permissions Guide](#).

| Roles | | | | Action | |
|----------------------|--------------------|----------------|-------------|------------|---------------|
| Agency Administrator | Agency Coordinator | Agency Analyst | Agency User | Add Access | Delete Access |
| | | | | | |

3. Submit Form

Please send the completed form by creating a ticket at HereToHelp@ofm.wa.gov. To update contact or role information, please submit a ticket using the link above. If you are not sure who your agency approving authority is, please contact [OFM Budget Operations](#).