



STATE OF MINNESOTA
SECRETARY OF STATE
HELPDESK

VEMS User Account Request Form

Action :

In the Action Combo box list type the appropriate action to be taken:

- New=requesting a new sign-on
- Change= requesting a change in an existing sign-on
- Delete= requesting a sign-on be deleted. This will also take the user off of any distribution Units.

Needed By: (date)

Enter the date you need the user account action to be completed, tested and available to use (mm/dd).

First Name:

Last Name:

County #

UserName:

VEMS Access Level:

Please select the appropriate level of access within VEMS

Phone:

Email:

Levels of Training Completed:

Distribution List

Indicate in here whether this user should be on the Distribution List for Auditor, Elections staff, Both or None.

Explanation:

Use the Explanation text box to explain why the action being requested is necessary.

Auditor Contact Information:

Name:

Phone:

Email:

Signature: _____

Instructions: Please Fax to SOS Help Desk. Fax Number: 651-215-6028

Uses: This form can be used to request, change or delete a user account in the VEMS systems.

Complete the form above and fax to the MN SOS Helpdesk for action. The HD Staff will ensure completeness, confirm the user information is accurate, create and test the accounts and notify the Auditor within (5) days.