



LEADS AGENCY AGREEMENT

Terminal Agency

Non-Terminal Agency

AGENCY NAME	AGENCY ORI
-------------	------------

PHONE 1	PHONE 2
AGENCY E-MAIL ADDRESS	AGENCY FAX NUMBER

PHYSICAL ADDRESS

STREET		
CITY	STATE	ZIP

MAILING ADDRESS

STREET		
CITY	STATE	ZIP

Is this agency a 24-hour operation? YES NO If no, what are the hours of operation? _____

I agree to comply with Ohio Administrative Code Chapter 4501:2-10 and its incorporated security policies and manuals, which governs use of the Law Enforcement Automated Data System. I understand failure to abide by these rules may result in the termination of LEADS access and/or prosecution where appropriate.

AGENCY ADMINISTRATOR'S NAME - PRINTED	TITLE	
AGENCY ADMINISTRATOR'S SIGNATURE X		DATE

If you do not have authority to commit this agency to a financial agreement, this document shall also be signed by the person(s) having such authority:

NAME - PRINTED	TITLE	
AGENCY FISCAL COMMITMENT'S SIGNATURE X		DATE

Please return this form by e-mail to LEADSAdmin@dps.ohio.gov, or by fax to (614) 995-1230.