

Clarity New Agency Request Form

Agency Name				
Address				
City				
State				
County				
Zip Code				
Continuum of Care				
Default Profile				
Default User Home Screen				
Victim Service Provider?	Yes		No	
Enable All Client Forms?	Yes		No	

In order to use the "email form" button below, this form must be filled out in Adobe Acrobat, and not in a web form.

If you do not have Adobe Acrobat, please complete the form and email to:

HMIShelp@buttecounty.net and erawlinson@buttecounty.net