

Tompkins County
Criminal Justice and Fire-EMS Data Communications, and CAD System
Secure Access Acknowledgement

I, _____, an employee or representative of _____, a partner agency in either the LETSS User Group or the FEMTech User Group, or both, acknowledges receipt of an individual access code providing me with access to the Criminal Justice and Fire-EMS Data Communications and CAD System (CADDs). I understand and agree that the access code issued to me is for my use only, will not be disclosed to anyone, and may be revoked at any time by my employer or agency, the LETSS User Group, the FEMTech user Group, or Tompkins County Department of Emergency Response and/or the Tompkins County Information Technology Services Department, as applicable to my relationship to the system.

I further understand and agree that my access to and use of the information received from CADDs is pursuant to the terms of the Use and Dissemination Agreement between Partners and any subsequent procedures and policies as established by either the LETSS or FEMTech User Groups, as applicable. I further agree to comply fully with the restrictions on dissemination of information received from the system, as specified in the Agreement, or further defined by the LETSS or FEMTech User Groups.

I understand and agree that my access to and use of information received from the CADDs is subject to audit. I further agree to indemnify and hold harmless the Partners listed in Appendix 1 of the respective Use and Dissemination Agreement and their employees for all claims, expenses, liabilities and damages, including reasonable attorney's fees, arising from the violation by me, or by anyone to whom I have disclosed my access code, of the restrictions on dissemination specified in the Agreement.

I further acknowledge and agree that I have attended the CJIS Awareness training session provided by the Department of Emergency Response, which is intended to inform me of the statutes, rules, regulations and agreements governing use and access to public safety data. I acknowledge that such data is or may be collected, used, and stored for public safety purposes, including information pertaining to active and/or ongoing law enforcement incidents and investigations.

Partner Employee Signature

Partner Supervisor Signature

Printed Name

Printed Name and Title

Date

Date

Retain this Original and Fax or mail a copy to:

Tompkins County Department of Emergency Response
92 Brown Road, Ithaca, NY 14850
Fax: 607-266-8035