

APPLICATION FOR BILL TRACKER PREMIUM ACCESS*(State Agency Free Access)*

Please carefully read the information included in this Application for Bill Tracker Premium Access, a service of Nebraska.gov.

After pages 1 and 2 are complete, send completed application to Nebraska.gov (Faxes, U.S. Mail, or the State Run Inter-office mail are acceptable). Keep a copy of the entire completed agreement for your files. Once Nebraska.gov has received your request for Free Access and your status as a State Entity has been established, you will be provided with a username and password to access BillTracker Premium Services for no charge. You will also be provided with access to a user manual with instructions on how to gain the most benefit from BillTracker Premium Services. If you have any questions, please contact Nebraska.gov.

1. Agency Name: _____
Agency Department (if applicable): _____
Contact Person (Responsible party for user account set up):
 Name: _____
 Phone: _____
 Fax: _____
 Email: _____

Requested User

List all individuals needing access to the BillTracker Premium Services through your account. Include names and E-mail address so that a usernames can be assigned. If you require over ten usernames, please submit names and E-mail address on a separate sheet of paper and attach it to your application.

Users	Name	Email Address
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

For lost or forgotten passwords please fax request for a new password to Nebraska.gov at (402) 471-7817 on Agency letterhead. Nebraska.gov will call you back with your username and password within 24-48 hours. Please indicate you are a State Agency with a BillTracker Premium Services Agreement, if account number or username is available this information would help in speeding up the process of obtaining your password information. All other questions should be directed to the Nebraska.gov Help Line (402) 471-7810.

I _____ hereby apply for access, at no charge, for Bill Tracker information system as described above.

Dated this day _____ of _____, 20 _____.

Signature of Agency Director

Printed Name of Agency Director

For Office Use Only

Account #: _____

Customer Group: _____

Signature: _____

Date: _____