CHARLOTTE – MECKLENBURG POLICE DEPARTMENT

Crime Lab / Request For Access to Computer Information Systems Form



Date:

Person Requesting Access:	
Department Login Name:	
Assignment:	
Areas to be Granted Access:	
Reason for Needing Access:	
CTS Person Assigned:	Date:
Lab Director's Approval:	Date.
CTS Team Lead Approval:	Date:
Crime Laboratory	Date:

Police Department