

RIMS Access Request

Full Name: _____
 First Name Middle Initial Last Name

Company Name/Organization: _____

Work Location/Address: _____

Desired Activation Date: _____ Expiration Date: _____

Email: _____

Phone: _____

Reason for request: _____

Please fax the completed form to (509) 372-3646. You will be contacted via phone with your username and password.

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