



# MS NIBRS Repository ( Crime Insight) Additional Users Form

*Please complete the form below to request usernames and passwords for individuals in your organization to have access to enter data into the repository. If you have any questions, please contact us at 601-933-9448/9449.*

Vendor Name: \_\_\_\_\_

## User 1

Name \_\_\_\_\_

Title \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

## User 2

Name \_\_\_\_\_

Title \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

## User 3

Name \_\_\_\_\_

Title \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Vendor Point of Contact (POC): \_\_\_\_\_

POC Signature: \_\_\_\_\_ Date: \_\_\_\_\_