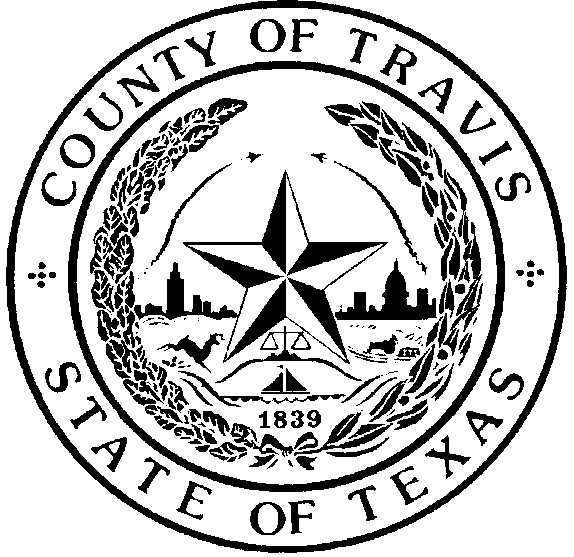
# TRAVIS COUNTY, STATE OF TEXAS INFORMATION TECHNOLOGY SYSTEMS



**P. O. Box 1748**

**Austin, TX 78767**

**NEW eCITATION ACCOUNT or OFFENSE CODE REQUEST FORM**

Note: ALL FIELDS and QUESTIONS with an asterisk (\*) are required. Incomplete forms will be returned to the requestor for more information.

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name**\*** | First Name**\*** | MI**\*** | Employee ID **\*** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Department/Division**\*** | Position**\*** | Phone Number**\*** | Extension **\*** |
|  |  |  |  |

**eCitation ACCESS**: **Type of Access: \*** (Check all that applies)

Web Page Access Handheld

JP Print Citations Parking Citation Edit & Approval

|  |  |  |  |
| --- | --- | --- | --- |
| **Network User ID:**  **\*** |  | **Email Address: \*** | @traviscountytx.gov |
| (Type Novell or Active Directory login account) | | (Type first part of county email address) | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Badge #: \*** |  | **PID #:\*** |  | | (From CJS, if unknown then complete the information on the next line **\*** ) | | |
| (If officer **\***) | |  | DOB: **\*** |  | | DL #:**\*** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **New Offense Code**: | | | |  |
|  | Offense Description: **\*** | |  | |
|  | Statute: **\*** |  | | |
|  | Special Instructions: | | | |
|  |  | | | |

|  |  |  |
| --- | --- | --- |
| Date | Dept. Authorization - Supervisor/ Representative | e-Mail Address |
|  |  | @traviscountytx.gov |

(type name as signature) (Type first part of county email address)

**SAVE the completed form. EMAIL the form as an attachment TO: ITS HelpDesk**