



Information Technology Division  
Office (671) 647-7634 Fax (671) 649-4320

Email Account Request Form

Employee Name: \_\_\_\_\_  
(First) (Middle) (Last)  
SSN(last 4 digits) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Department: \_\_\_\_\_  
Position Title: \_\_\_\_\_

**WARNING: Accounts are to be used for government purpose only and will not be shared or transferred. Accounts may be used for personal enrichment; however, not for business profit. Misuse of account will be cause for disciplinary action. Suspected misuse of an account will be subject to audits.**

It will be the applicant's responsibility to inform Information Technology of their detachment from GWA, for whatever reason. The applicant will receive a copy of this document when the account is created and will be responsible for his/her information. Any requests regarding this account (including password verification) will be done so through Information Technology's Service Request process, and may take more than 48 hours for resolution.

I, the applying employee, have read and understand the above statements.

Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

INFORMATION TECHNOLOGY USE ONLY

Setup by: \_\_\_\_\_  
User ID: \_\_\_\_\_@guamwaterworks.  org  net  
Password: \_\_\_\_\_  
Additional : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Completion Date: \_\_\_\_\_