



**CLAIMING ENTITY**

**ENTITY NAME:** \_\_\_\_\_  
 (30 characters maximum)

**DEPARTMENT:** \_\_\_\_\_  
 (30 characters maximum)

**ENTITY ID:**      \_\_\_\_\_  
 (If Known)

**CHIEF OFFICER NAME:** \_\_\_\_\_

**USERS FOR SUBMISSION AUTHORITY**

NAME	EFFECTIVE DATES	
	START:	END:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

**AUTHORIZING SIGNATURE**

The Authorized Signature of the Chief Officer gives the Illinois Office of the Comptroller the authorization to grant the above entity users the appropriate security privileges in Illinois Dept Recovery Offset Portal to submit files produced on the Chief Officer’s behalf. These users will be authorized for the effective dates specified above.