



St. Louis CIN Web Space Account Registration Form for Neighborhoods

St. Louis City neighborhoods can create and maintain their own web pages. Server space for a neighborhood's web page and an account that has FTP ability are available to neighborhoods.

Please **PRINT** legibly

Neighborhood Information

Neighborhood Name: _____

Sponsoring Neighborhood Organization(s) (if applicable):

1. _____

2. _____

3. _____

4. _____

5. _____

Webmaster Information

First Name: _____ Middle Initial: _____ Last Name: _____

E-mail: _____

Address: _____

City _____ State _____ Zip Code: _____

Phone Number: (____) _____ - _____

Birth Date: ____/____/____ (needed for future identity verification purposes)

I have read the terms and conditions of the AGREEMENT BETWEEN ST. LOUIS CIN AND REGISTERED USER, and I agree to comply with and abide by all provisions of the agreement between St. Louis CIN and registered user.

Signature: _____

Date: _____

Print User's Name: _____

Mail this completed form with a #10 S.A.S.E. (self-addressed, stamped envelope) to: Sonya Pelli, SLDC, St. Louis CIN Project Administrator, 1015 Locust, Suite 1200, St. Louis, MO 63101.

You will be contacted by ST. LOUIS CIN staff within two week with information concerning your user ID and password. If you have not been contacted within two weeks, please call the ST. LOUIS CIN **Help Desk**, (314) 622-3400 ext. 815 and leave a message or e-mail userhelp@stlouis.missouri.org

For Office Use Only

IDENTIFY USER GROUP:

City of St. Louis Government

CDA/SLDC

Neighborhood

Non-profit agency in the Enterprise Community

Mental Health/Substance Abuse Service Provider

SafeFutures Partner

Other Non-profit Agency

Other (please specify) _____

Date Received: ____/____/____

Approved: YES NO

Date Account Created: ____/____/____

Information Sent: ____/____/____

URL: _____

Aide Account: _____ Password: _____

Entered by: _____