



**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
CIO BUREAU/SYSTEMS AND OPERATION/HELP DESK**

INDIVIDUALS AUTHORIZED TO SIGN CIOB FORMS

Legal Entity # _____

Check Box for Type

Reporting Unit (s): _____ DMH NGA FFS DHS

Provider/Agency Name: _____

Address: _____
Street City State Zip

Telephone Number: _____
Area Code Number Extension

Director Level or Above: _____
Print/Type

Director's Level or Above Signature: _____

Director's E-Mail Address: _____

The following individuals are authorized to sign CIOB Forms submitted by the above name agency:

Name of Designee: _____
Print/Type

Signature of Designee: _____

Title: _____

E-Mail Address: _____ Phone _____

Name of Alternate: _____
Print/Type

Signature of Alternate: _____

Title: _____

E-Mail Address: _____ Phone _____

Date Submitted to CIOB _____

NOTICE: FAX WILL NOT be accepted. Original signatures are required.

Return completed form to: LA County, Department of Mental Health
CIO Bureau/IS-Systems Access
695 S. Vermont Avenue, 6th Floor
Los Angeles, CA 90005