



MARCS/P SUBSCRIBER INFORMATION UPDATE

Existing Information	Change To
Profile Information:	
MARCS Customer ID (if known)	MARCS Customer ID (if known)
Subscribing Agency Name	Subscribing Agency Name
Address	Address
City	City
State	State
County	County
Phone	Phone
Fax	Fax
Billing Contact Information:	
Name	Name
Title/Position	Title/Position
Phone	Phone
Email	Email
Technical Contact Information:	
Name	Name
Title/Position	Title/Position
Phone	Phone
Email	Email
System Notification Email Addresses:	
Email	Email

FORM SUBMISSION PREFERENCE (Choose only one):

Preference 1: If you prefer to email this form electronically with a digital signature you must insert your digital signature and then click the Submit by Email button. Your submission will be sent to DAS-MARCS.Admin@das.ohio.gov to be processed. **Mailing in a hard copy is not required** when submitting by email.

Preference 2: If you prefer to sign this form by hand, click the Print Form button, sign in the area provided below and then mail it via USPS to Ohio MARCS, Attn: Subscription Agreement, 4200 Surface Rd., Columbus, OH 43228. Or, you may fax this form to 614-995-0067, as opposed to mailing it in. **A hard copy is required** when choosing this preference.

SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

DATE: _____