



MARCS/P SUBSCRIBER INFORMATION UPDATE

Existing Information	Change To
<b>Profile Information:</b>	
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
<b>Billing Contact Information:</b>	
Name	Name
Title/Position	Title/Position
Phone	Phone
Email	Email
<b>Technical Contact Information:</b>	
Name	Name
Title/Position	Title/Position
Phone	Phone
Email	Email
<b>System Notification Email Addresses:</b>	
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: \_\_\_\_\_