



City of Marco Island Building Services Division  
 Citizen Access Portal  
 Password Security Acknowledgement

This form is a requirement of the online permitting and eReview services provided by the City of Marco Island Building Services Division.

Acknowledgement Date: \_\_\_\_\_  
 License Holder Name: \_\_\_\_\_  
 Licensed Company Name: \_\_\_\_\_

Email Address and User name

<u>User Name</u>	<u>Email Address</u>	<u>Submit by portal or email Y or N</u>

\*E-mail for automated inspection results: \_\_\_\_\_  
 \*Only one e-mail is permitted for this purpose.

By completing this form I am acknowledging that it is my responsibility to maintain the security of any login details for accounts for the City of Marco Island Citizen Access Portal.

This includes changing the password periodically and checking the Citizen Access Portal to see what permits are listed. In lieu of checking the portal for the list of permits, a data export can be provided upon request.

\_\_\_\_\_  
 Print Name of Qualifier

\_\_\_\_\_  
 Signature of Qualifier

State of Florida  
 County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,  
 by \_\_\_\_\_,  
 who is personally known to me or has produced \_\_\_\_\_ as  
 identification.

\_\_\_\_\_  
 Signature, Notary Public – State of Florida

(Seal)

\_\_\_\_\_  
 Printed, Typed, or Stamped Name of Notary