Submit by Email

Local Roads Improvement Program
Wisconsin Division of Transportation Investment Management (DTIM)
LRIP Web System Authorization Request Form

Important: Please do not email this form until the individual listed below has obtained a Wisconsin User ID and password from the Wisconsin Web Access Management System (WAMS) at https://on.wisconsin.gov.

Email To: DOT LRIP Web System (DOTLRIPWebSystem@wi.gov)

PLEASE COMPLETE:

Requestor Name: _____

Requestor Phone Number: _____
For example, 555 123 4567 Area Code and Phone Number

Organization Name: _____
For example Town of Bristol, Dane County, or Agency name like DOT.

Email: _____

Job Title: _____

CVT: _____
The first two digits represent the county code then three digits represent the city, village or town code. (For example, 13012 is the Town of Bristol).

Authorization: - Please indicate one of the following:

☐ Request for initial access LRIP Web system.
☐ Request from existing organization to add/change individual.

The following individual should be granted LRIP authorization on behalf of the organization shown above for the actions indicated. ***Note:*** To grant authorization the email address listed for individual must correspond with the email address that they used to create their Wisconsin User ID.

Action(s): - Please indicate one or more of the following:

☐ Search Project - Allows a person to search for local road improvement projects.
☐ View Report – Allows a person to view local road improvement reports.

I agree that the individual authorized on behalf of the organization with access to DTIM data will only access the data for business related purposes and will comply with all state and federal laws and regulations regarding use of any information.

I agree to indemnify DTIM against any intentional or unintentional actions on the part of the user regarding use of this information. The personal data shall be treated as confidential information and shall not be published or re-disclosed, except as authorized by state and federal law. The individual authorized on behalf of the organization will not sell this data. Unauthorized use or release of this data may result in civil or criminal penalties.

Authorized signature _____ **Date:** _____