1. Requesting Agency/Organization:

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Agency/Organization Name:		
Point of Contact Name:		
Job Title:		
Email:	Telephone:	
Address:	City:	Zip:
Applicable California Emergency Support Function(s):		
California Emergency Support Functions		
2. Terms of Use:		
WebEOC is an emergency management and information organizations within the San Joaquin Operational Area.	sharing platform for authorized	agencies and
Authorized use includes: emergencies, disasters, exercise	es, trainings, and daily operatio	ns.
The information contained on this site shall be treated as Freleased to the public, media or other personnel who do n exception would be information specifically intended for pu	ot have a valid need to knoẃ. ∃	The only
User names and passwords are assigned to individuals ar	nd are never to be shared or us	sed by others.
Passwords must be a minimum of eight (8) characters in lefollowing: upper case letter, lower case letter, number, spe		
Password must be changed every 180 days.		
Users that do not log into WebEOC at least once every 18 deleted from the system.	0 days are considered inactive	and will be
☐ By checking this box I agree to the terms of u	ise.	
3. Users		
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Complete form and email to SJCwebEOCadmin@sjgov.org For questions call 209-468-6818.

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