

Registration Form – The New Approach

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Complete/Update form by December 15th Annually for applicable items and changed items. Send to:

Custom Micro Works
250 Broad St.
PO Box 101
Greenwood, NE 68366-0101
steveseawall@hotmail.com

Accounting Entity Name, Mailing Address, and Phone Number

Entity Name _____

Street Address _____

PO Box _____

City, State, Zip Code _____

Phone Number (Office) _____

Phone Number (Mobile) _____

Email Address _____

Related Entity Using NA _____

Governing Body Representative of Audit/Risk Assessment Committee _____
(Committee in charge of overseeing financial reporting and disclosure of entity – see **Risk Analysis Overview**)

Number of Computers on which NA is installed _____

Employee(s) Using NA (all users MUST be registered)

Principal (Accountable) Employee and Title _____

Principal Employee Normal Hours _____

Principal Employee Starting Date in Position _____

Assistant (1) Name and Title _____

Assistant (1) Normal Hours _____

Assistant (2) Name and Title _____

Assistant (2) Normal Hours _____

Utilities and Electronic Meter Reading (EMR)

Utilities (List) _____

Utility/EMR Vendor (List) _____