

Requester's Name: \_\_\_\_\_

### *Audience View - CSH*

GROUPS	USER ROLES
<b>Check all that apply:</b>	<b>Check all that apply:</b>
<input type="checkbox"/> CSH Ticket Sales No Refunds <input type="checkbox"/> CSH Ticket Manager <input type="checkbox"/> CSH Accounting <input type="checkbox"/> CSH Development	<input type="checkbox"/> CSH Customer Services <input type="checkbox"/> CSH Ticket Manager <input type="checkbox"/> CSH Accounting Manager <input type="checkbox"/> CSH Development
Start Date:	End Date:

*Product Manager Authorization Signature (required for ALL requests):*

<b>PRODUCT MANAGER AUTHORIZATION PRINTED NAME:</b> <b>Joe Sullivan</b>	<b>PRODUCT MANAGER'S SIGNATURE:</b>	
<b>PRODUCT MANAGER'S EMAIL ADDRESS:</b>	<b>PHONE NUMBER:</b> 612-624-8236	<b>DATE:</b>

*Business Owner or Ticket Manager Authorization Signature (required for ALL requests):*

<b>BUSN OWNER OR TICKET MGR AUTHORIZATION PRINTED NAME:</b> <b>Mary Jo Kreitzer or Pamela Cherry</b>	<b>BUSINESS OWNER OR TICKET MGR SIGNATURE:</b>	
<b>BUSINESS OWNER OR TICKET MGR EMAIL ADDRESS:</b>	<b>PHONE NUMBER:</b> MARY JO = 612-625-3977 Pamela = 612-626-2356	<b>DATE:</b>