



# TEXAS ASSOCIATION *of* COUNTIES

## COUNTY INFORMATION RESOURCES AGENCY

### Secure Email Service Application Form

Please complete all of the required fields below to request the creation of a secure email account for county personnel. By submitting this form, you authorize TAC CIRA to purchase licensing if you do not already have licenses available for assignment. Furthermore, you authorize TAC CIRA to assign already-purchased licenses that have not yet been assigned. Questions? Contact TAC CIRA at (800) 456-5974.

Check the box next to your preferred email license (required):

- |  |  |
|--|--|
| <input type="checkbox"/> Plan 1: Microsoft 365 Business Basic \$4.90/month*      | <input type="checkbox"/> Plan 2: Microsoft 365 Business Standard \$12.40/month*  |
| <input type="checkbox"/> Plan 3: Office 365 Enterprise E1 \$7.90/month*          | <input type="checkbox"/> Plan 4: Office 365 Enterprise E3 \$19.90/month*         |
| <input type="checkbox"/> Plan 5: Office 365 Exchange Online Plan 1 \$3.90/month* | <input type="checkbox"/> Plan 6: Office 365 Exchange Online Plan 2 \$7.90/month* |
| <input type="checkbox"/> Plan 7: Office 365 F3 \$3.90/month*                     |  |

Check the box next to the add-on features you would like to add (optional):

- Microsoft Defender for Office 365 Plan 1 \$3 per email/per month\*
- Microsoft Defender for Office 365 Plan 2 \$8 per email/per month\*
- Azure Information Protection- Encryption \$3 per email/per month\*\*

\*In addition to the license cost, a 30% management fee will be added to the price to provide your county with comprehensive hands-on customer service support from TAC CIRA.

County: \_\_\_\_\_ Is this mailbox for an elected county official? (Circle one):  
YES / NO

Account First Name: \_\_\_\_\_ Account Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Email Address to Send Login Details: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred County Email Address: \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

Printed Name of Department Head: \_\_\_\_\_

Email of Department Head: \_\_\_\_\_

Signature of Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send the completed form to [support@county.org](mailto:support@county.org) or fax to (512) 479-1807.**