

WEBMASTER Agreement

Organization:

Name of Bureau/Office: _____

Mailing Address: _____

WebMaster:

I agree to be the Web master for my Bureau/Office and to accept the responsibilities outlined in the "Webmaster Agreement" for the organization designated above. I agree to abide by the provisions of the *State of West Virginia Web Page Guidelines* and the Department of Health and Human Resources *Operating Procedure - 03*. I understand that the web site provided to me on the Office of Management Information Service web server is to be used solely for Internet/Intranet publishing by the Bureau/Office identified above.

Name of Webmaster: _____

(Please print)

E-Mail Address of Webmaster: _____

Telephone Number: _____

Signature: _____

Commissioner or Office Director:

I authorize the individual listed above to be the designated Webmaster for my organization.

Signature: _____

Return the completed form to the Departmental Web Master. For questions or comments about our Home page or a Bureau/Offices Web site, please E-mail the Webmaster at webmaster@wvdhhr.org.