

## **Consumer Portal Create Account**

Please fill out the following form to create an account for the Consumer Portal.

Fields marked with an asterisk (\*) are required.

Acc	count Information				
You	will use this information to log	in to the system once your acco	unt has b	een created	i.
	E-mail Address*	example@parityportal.org			
	Confirm E-mail*	example@parityportal.org			
	Password*	***************************************			
	N	flust be at least 8 character(s).			
	N	flust have at least 1 lower case characte	r(s).		
	Confirm Password*	•••••			
Nai	me				
	Prefix (eg: Mr, Ms, Mrs)				
	First*	Example			
	Middle				
	Last*	Example			
	Suffix (eg: Jr, III)				
Ad	dress				
	Address*	123 Example			
	City*	City Example			
	State	Minnesota ▼			
	Zip Code	55101			
Co	ntact Information				
	Home Telephone	1234567890			
	Work Telephone		Ext.		
	Telephone (Cell)				
	Designate Primary Contact Phone Number	Home ▼			

Please review all of the above information for accuracy before clicking the Create My Account button.

Cancel

Create My Account