

**Information flow from TOPS to -----> Website****TOPS Owner Maintain Field**

LoginName (Only on the very first upload)

Password (Only on the very first upload)

Owner (Only on the very first upload)

Owner (Only on the very first upload)

Owner

Owner

Street

Street

Community Fact Sheet

Community Fact Sheet

Community Fact Sheet

Lot/Unit(F6)

ContactInfo - Home

ContactInfo - Work

ContactInfo - Alt

Email Maintain

FlexData - Define Fields -Options - Post to Web- Max 5 fields

FlexData - Define Fields -Options - Post to Web- Max 5 fields

FlexData - Define Fields -Options - Post to Web- Max 5 fields

FlexData - Define Fields -Options - Post to Web- Max 5 fields

FlexData - Define Fields -Options - Post to Web- Max 5 fields

Owner

Owner

Email Maintain (if Synch to Web is selected)

Alt.Mailing Addr. Address 1

Alt.Mailing Addr. Address 2

Alt.Mailing Addr. City

Alt.Mailing Addr. State

Alt.Mailing Addr. Zip

**User Profile/My Profile****Field Names On Address Book Profile**

Login Name:

Password:

Account First Name

Account Last Name

First Name: (Only on the very first upload)

LastName: (Only on the very first upload)

Street\_name - generated from Address 1

Address 1:

City:

State:

Zip:

Lot #/Unit #:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

Additional Information label 1 Value 1

Additional Information label 2 Value 2

Additional Information label 3 Value 3

Additional Information label 4 Value 4

Additional Information label 5 Value 5

Resident 2 FirstName:

Resident 2 LastName:

Resident 2 Email Address:

Alt Address 1:

Alt Address 2:

Alt City:

Alt State:

Alt Zip:

**Information flow from Website BACK --- > to TOPS****Field Names On Address Book Profile**

Login Name:

Password:

Work Phone:

Cell Phone:

Email Address:

Resident 2 Email Address:(must be synched in TOPS)

Alt Address 1:

Alt Address 2:

Alt City:

Alt State:

Alt Zip:

(Only on the very first upload) applies only to NEW records

# Edit Person - Web Support



**User Profile**

[Subscriptions](#)

[My Documents](#)

[My eForms](#)

Account First Name:	Charles
Account Last Name:	Smith
First Name:	Chuck
Last Name:	Smith
Category:	Residents
Login Name:	Login Name:
Password:	Password: <input type="button" value="Send Login Info"/>
Confirm Password:	Password:
Security Level (1-99): Resident = 50 Administrator = 1	50
Discard "Remember Login Info":	<input type="checkbox"/>
Birthdate (mm/dd):	
Employer:	
Occupation:	
Home Phone:	800 556 7851 <input type="checkbox"/> Hide from Address Book
Work Phone:	800 556 7852 (Hides with Home Phone)
Cell Phone:	800 556 7853 (Hides with Home Phone)
Other Phone/Fax/Pager:	800 556 7854 (Hides with Home Phone)
Email Address:	charlessmith@athomenet.com <input type="checkbox"/> Hide from Address Book

Only on first upload  
thereafter remains untouched

Resident 2 First Name:	<input type="text" value="Cindy"/>
Resident 2 Last Name:	<input type="text" value="Smith"/>
Resident 2 Birthdate (mm/dd):	<input type="text"/>
Resident 2 Employer:	<input type="text"/>
Resident 2 Occupation:	<input type="text"/>
Resident 2 Work Phone:	<input type="text"/> (Hides with Home Phone)
Resident 2 Cell Phone:	<input type="text"/> (Hides with Home Phone)
Resident 2 Email Address:	<input type="text" value="cindysmith@email.com"/> (Hides with email address above)

Primary Address (  Hide from Address Book)

Address 1:	<input type="text" value="12345 This Street Blvd"/>
Address 2:	<input type="text"/>
City:	<input type="text" value="Same City"/>
State:	<input type="text" value="HY"/>
Zip:	<input type="text" value="09865"/>
Lot #/Unit #:	<input type="text" value="15"/>
Subdivision:	<input type="text" value="(None)"/> ▼

- None -

- None -

Resident 1 Picture:

Resident 2 Picture:

No file chosen

No file chosen

Check to Delete

Check to Delete

13

Child #1 Name:	<input type="text"/>
Child #1 Birthdate (mm/dd/yyyy):	<input type="text"/>
Child #2 Name:	<input type="text"/>
Child #2 Birthdate (mm/dd/yyyy):	<input type="text"/>
Child #3 Name:	<input type="text"/>
Child #3 Birthdate (mm/dd/yyyy):	<input type="text"/>
Child #4 Name:	<input type="text"/>
Child #4 Birthdate (mm/dd/yyyy):	<input type="text"/>

Alternate Address (Hides with Primary Address above)

Alt Address 1:	<input type="text" value="1234 Up North Dr"/>
Alt Address 2:	<input type="text"/>
Alt City:	<input type="text" value="Chicago"/>
Alt State:	<input type="text" value="IL"/>
Alt Zip:	<input type="text" value="07675"/>

Moved Here From:	<input type="text"/>
Move-In Date (mm/dd/yyyy):	<input type="text"/>
Web Site Address:	<input type="text"/>
Computer Type:	<input type="text"/>
Connect Speed:	<input type="text"/>
Hobbies:	<input type="text"/>

Hobbies:	<input type="text"/>
Interests:	<input type="text"/>
Organizations:	<input type="text"/>

**Additional Information**

Label (example: Car Make/Model)	Value (example: Ford Mustang)
<input type="text" value="Car Make/Model"/>	<input type="text" value="Ford Mustang"/> (View Level: 50, Edit Level: 50)
<input type="text" value="Emergency Contact Number"/>	<input type="text" value="800-454-8989"/> (View Level: 50, Edit Level: 50)
<input type="text"/>	<input type="text"/> (View Level: 50, Edit Level: 50)
<input type="text" value="Pets"/>	<input type="text" value="German Shepherd - Tandy 2 yrs old&lt;br/&gt;Parakeet - Larry - Blue/green"/> (View Level: 50, Edit Level: 50)

**Administrative Information**

Label	Value
<input type="text" value="Guest Pass Number"/>	<input type="text" value="0879"/> (View Level: 1, Edit Level: 1)
<input type="text"/>	<input type="text"/> (View Level: 50, Edit Level: 1)

# Edit Person - Web Support



**User Profile**

[Subscriptions](#)

[My Documents](#)

[My eForms](#)

Account First Name:	Charles	
Account Last Name:	Smith	
First Name:	<input type="text" value="Chuck"/>	
Last Name:	<input type="text" value="Smith"/>	
Category:	Residents <input type="button" value="v"/>	
Login Name:	<input type="text" value="Login Name"/>	
Password:	<input type="text" value="Password"/>	<input type="button" value="Send Login Info"/>
Confirm Password:	<input type="text" value="Password"/>	
Security Level (1-99): Resident = 50 Administrator = 1	<input type="text" value="50"/>	
Person ID	<input type="text" value="TOPS Pm _Person_ID"/>	
Discard "Remember Login Info":	<input type="checkbox"/>	
Birthdate (mm/dd):	<input type="text"/>	
Employer:	<input type="text"/>	
Occupation:	<input type="text"/>	
Home Phone:	<input type="text" value="800 556 7851"/>	<input type="checkbox"/> Hide from Address Book
Work Phone:	<input type="text" value="800 556 7852"/>	(Hides with Home Phone)
Cell Phone:	<input type="text" value="800 556 7853"/>	(Hides with Home Phone)
Other Phone/Fax/Pager:	<input type="text" value="800 556 7854"/>	(Hides with Home Phone)
Email Address:	<input type="text" value="charlessmith@athomenet.com"/>	<input type="checkbox"/> Hide from Address Book

Resident 2 First Name:	<input type="text" value="Cindy"/>
Resident 2 Last Name:	<input type="text" value="Smith"/>
Resident 2 Birthdate (mm/dd):	<input type="text"/>
Resident 2 Employer:	<input type="text"/>
Resident 2 Occupation:	<input type="text"/>
Resident 2 Work Phone:	<input type="text"/> (Hides with Home Phone)
Resident 2 Cell Phone:	<input type="text"/> (Hides with Home Phone)
Resident 2 Email Address:	<input type="text" value="cindysmith@email.com"/> (Hides with email address above)

Primary Address (  Hide from Address Book)

Address 1:	<input type="text" value="12345 This Street Blvd"/>
Address 2:	<input type="text"/>
City:	<input type="text" value="Same City"/>
State:	<input type="text" value="HY"/>
Zip:	<input type="text" value="09865"/>
Lot #/Unit #:	<input type="text" value="15"/>
Subdivision:	<input type="text" value="(None)"/> ▼

Only if synched in  
TOPS email maintain

- None -

- None -

Resident 1 Picture:

No file chosen

Check to Delete

Resident 2 Picture:

No file chosen

Check to Delete

13

Child #1 Name:	<input type="text"/>
Child #1 Birthdate (mm/dd/yyyy):	<input type="text"/>
Child #2 Name:	<input type="text"/>
Child #2 Birthdate (mm/dd/yyyy):	<input type="text"/>
Child #3 Name:	<input type="text"/>
Child #3 Birthdate (mm/dd/yyyy):	<input type="text"/>
Child #4 Name:	<input type="text"/>
Child #4 Birthdate (mm/dd/yyyy):	<input type="text"/>

Alternate Address (Hides with Primary Address above)

Alt Address 1:	<input type="text" value="1234 Up North Dr"/>
Alt Address 2:	<input type="text"/>
Alt City:	<input type="text" value="Chicago"/>
Alt State:	<input type="text" value="IL"/>
Alt Zip:	<input type="text" value="07675"/>

Moved Here From:	<input type="text"/>
Move-In Date (mm/dd/yyyy):	<input type="text"/>
Web Site Address:	<input type="text"/>
Computer Type:	<input type="text"/>
Connect Speed:	<input type="text"/>
Hobbies:	<input type="text"/>