

Isabella County

Application for Data Request and License Agreement

200 NORTH MAIN STREET, MT. PLEASANT, MI 48858

FAX: 989-775-6681

To request data under Isabella County's Enhanced Access Policy, please follow the steps listed below:

Step #1

Your Name: _____

Today's Date: _____

Company Name: _____ Email: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ - _____ extension: _____

I (your name here), _____ as authorized agent for (your company name here) _____, am requesting data (i.e. tax data, GIS maps, etc.) from Isabella County.

Data that I am requesting:

I have circled below the geographic digital data/digital database files necessary.

Road layer Parcel layer Water layer Aerial photography Other: _____

This data will be used for the purpose of:

If this request is approved by the County, the User understands and agrees: (1) that the County provides no warranties of any kind; (2) that use of each requested file is at the User's sole discretion and risk; and (3) that the County and its officers, employees, and agents shall under no circumstances be liable for any damages whatsoever incurred by User or any third party arising out of or related to this Request; (4) that the Isabella County Enhanced Data access policy, policy #212 will be complied with. Furthermore, a License Agreement will also be required(attached).

Certification

By so signing the signatory(s) affirm that they are duly authorized agent(s) of the respective user(s). The principal signatories responsible for this working agreement are:

Signature (User's authorized agent) _____ Date: _____

Typed name of signatory: _____

Signature (User's authorized agent) _____ Date: _____

Typed name of signatory: _____

You are now finished with Step #1. Please mail or fax this form to the Isabella County Community Development Department. Your request will be reviewed by the *Community Development Department Staff*. After review, a Community Development Department

employee will fill in Step #2 of this form, and mail or fax it to you for your approval. If you are in agreement with the information stated in Step #2, please proceed to Step #3.

Step #2 To be filled in by Community Development Department personnel Only.
Charges:

of Records/Data: _____ Labor/Material: _____ = Total Charge \$ _____
Payment is required prior to receiving the data.

Step #3 If you are in agreement with the fees listed in Step #2, please provide the following information along with your signature and mail or fax to Isabella County Community Development Department. Once received, the data you requested will be processed upon receipt of payment. **NOTE:** if there is no signature on the authorized signature line, no data will be processed.

Please specify what format you would like to receive your data in:

- | | |
|--|---|
| <input type="checkbox"/> E-mail Attachment | <input type="checkbox"/> CD-ROM (additional \$2.50) |
| <input type="checkbox"/> Paper Report | <input type="checkbox"/> ASCII |
| <input type="checkbox"/> Other: _____ | |

Please specify your preferred delivery method:

- | |
|---|
| <input type="checkbox"/> Mail (additional \$5.00) |
| <input type="checkbox"/> Fax (additional \$2.50) |
| <input type="checkbox"/> Pick-up |
| <input type="checkbox"/> Other: _____ |

AUTHORIZED SIGNATURE: _____

For County Use Only

Date Data Processed: _____ Date Data Shipped: _____

Signature of Data Processor: _____

County Commission Signature: _____
(If applicable)

Condition: _____
