

# Eaton County Information Systems

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Director

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Website: <http://www.eatoncounty.org>

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

## Step #1

Your Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ E-mail Addr: \_\_\_\_\_

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 Eaton County.

Data that I am requesting: \_\_\_\_\_

This data will be used for the purpose of; \_\_\_\_\_

I fully understand the terms for acquiring data from Eaton County as defined in the County's Enhanced Records Access Policy. Furthermore, a License Agreement (businesses) or Intergovernmental License Agreement (governmental agency) may also be required. Have you previously signed an Agreement? Yes  No

You are now finished with Step #1. Please fax this form to Eaton County Information Systems fax: (517) 543-9704. Your request will be reviewed by the Information Systems staff. After review, an Information Systems employee will fill in Step #2 of this form, and 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 Eaton County Information Systems 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 fax to Eaton County Information Systems, fax: (517) 543-9704. 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 & delivery method:

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Diskette -3.5" | <input type="checkbox"/> E-mail attachment | <input type="checkbox"/> Mail         |
| <input type="checkbox"/> CD-ROM         | <input type="checkbox"/> Paper Report      | <input type="checkbox"/> Pick-up      |
| <input type="checkbox"/> ASCII          | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other: _____ |

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

County Use Only:

Authorized Signature To Waive Fees (applicable to public agencies only): \_\_\_\_\_