Haar Nama.	•••••		
User Name:			
Address: Telephone:			
As an authorized representative of th	e User identified above	I,	1
understand and agree that the GIS of	lata files I have reques	ted on behalf of the	User so identified above,
shall be used solely for the following	purpose(s):		
And that use is restricted to that pury database file acquired from Shiawass to any other individual, corporation environment for any other purpose wagent of the Shiawassee County Boar This request is approved by the Count on Warranties of any kind; (2) use of County and its officers, employees, whatsoever incurred by the User or a Circled below are the geographical direction.	see County shall not be, organization, or age, hatsoever without the eard of Commissioners or anty, the User understant each requested file is and agents shall under any third party arising out	resold, redistributed ncy; nor shall data expressed written per its designee. Indeed and agrees that at the User's sole did no circumstances but of or related to this	or otherwise transferred be placed in an online mission of an authorized (1) the County provides scretion and risk; (3) the e liable for any damages request.
•	,	(Identify	Town, Range, and Section)
Other (Describe):			
Certification By signing, the signatories affirm that principal signatories responsible for the Signature (User's authorized agent): Printed name of signatory: Provider's Certification	his working agreement	are:	_ Date:
Signature (County's authorized agent	t):	Date: _	
Printed name of signatory:	Em	ail:	