

GOSHEN COUNTY
ONLINE RECORD ACCESS APPLICATION REQUEST AND AGREEMENT FORM

Contact Information

Client Name (Last & First & Business) _____

Physical Address _____

Mailing Address _____
City State Zip

Phone (____) _____ E-mail _____

Access Agreement

On the date listed below, the undersigned (Client) has entered into an agreement with the Goshen County Clerk, PO Box 160 Torrington, WY 82240 in order to provide access for the client into the ArcaSearch program.

NOW, THEREFORE, THE PARTIES HEREBY AGREE AS FOLLOWS:

1. The Clerk shall provide the Client access to the ArcaSearch to view and print documents recorded in the Clerk's office. ArcaSearch has images of the documents in the older books and microfilm. Images are available prior to August 2003.
2. The Client's access to the ArcaSearch program shall be for information purposes only and the Client shall not allow other entities, businesses or private parties to access the program under their log-in privileges.
3. The Client shall pre-pay the Clerk the sum of \$100.00 annually. Each Client will be given a username and password that will provide them access to the ArcaSearch program.
4. This agreement cannot be assigned.
5. Any amendments to this agreement must be in writing.
6. If the Client breaches the conditions of this agreement, the Clerk may immediately terminate the Client's access to the ArcaSearch program.
7. The parties further agree that, in the event of litigation arising out of this agreement, the Clerk shall be entitled to its attorney's fees and costs.
8. In the event any portion of this agreement is deemed invalid or void, the remaining portions shall remain in full force and effect.
9. Criminal use of the information will be prosecuted to the full extent of the law.

Dated this _____ day of _____, _____.

Client Signature

Cynthia Kenyon, Goshen County Clerk

To make the system easier for you to access, we are allowing you to choose your own username and password. Please complete this section and we will attempt to assign you the name and password you would like if it is available.

Desired Username _____

Desired Password (Must be different than the user name) _____

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BY SIGNING BELOW, YOU INDICATE THAT YOU UNDERSTAND THESE TERMS.

Signature of Client

Date