

RICE COUNTY RECORDER'S OFFICE

LANDSHARK – ENHANCED REMOTE ACCESS (with images)

1. The **County**, at its sole option may interrupt the enhanced remote access to its databases and electronic data compilations, at any time, without prior notice, and for any reason.
2. The **Subscriber** is allowed remote access to certain **County** databases and electronic data compilations. Remote access will be available at all times possible. Interruption for backups, downed systems, etc., will and may occur without notice and for any reason.
3. The **Subscriber** hereby agrees to pay the **County**, non-refundable charges:

Initial Account Set-up: **\$50.00** (one time charge)

Monthly subscription: **\$50.00** (paid one month in advance)

Cost Per Document Downloaded: **\$ 2.00**

Cost Per Torrens Certificate: **\$2.00** (only the certificates that are on the Torrens package of our Land Records Management can be accessed through LandShark)

4. Initial set-up payment may be made by check, or through the escrow system. Other charges on the remote access system, shall be made in advance, through the escrow payment system.

LANDSHARK USER PROFILE

User ID: _____
(Must be 6-10 characters, case sensitive)

First Name: _____

Last Name: _____

Company: _____

Address: _____

City: _____

State: _____

Zip: _____

E-Mail: _____

Phone: _____

Fax Number: _____

Password: _____
(Must be 6-10 characters, case sensitive)

For Office Use Only:

Account # _____

Admin User _____

Escrow: Yes _____ No _____

Amount \$ 50.00

ESCROW REQUEST/AUTHORIZATION FORM

Company Name _____

Address _____

Contact Person _____

Email address of contact person _____

Telephone Number (____)-____-_____

Escrow funds may be used for the following: (please check appropriate lines)

_____ Copies made in the office by the customer.

_____ Enhanced remote access to land records (LandShark), including Initial set-up fee and monthly subscription fee.

On behalf of the above named company, I authorize the **Rice County Recorder/Registrar**, to reduce my escrow balance for the above services, indicated by my check mark(s)

Authorized Signature: _____

Date: _____

Title: _____