

Application For City of Salem Utility Map User Account

Name: _____

Organization: _____

Address: _____

Address2: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

User Account Policies

The ***User Account*** will establish a login and password account on the Public Works computer system to allow you, the customer, unlimited access to the Salem Public Works Utility Grid Maps. These maps include the Water, Sewer, and Storm Drain utility maps.

The cost for setting up and maintaining a ***User Account*** is \$25 per year. You are required to submit a fee of \$25 each year thereafter in order to keep the account active. You will be notified by Public Works 30 days prior to expiration of your ***User Account*** to allow you sufficient time to renew for another year. If you fail to submit your annual renewal fee, we will assume you are no longer interested in maintaining your ***User Account*** and it will be removed from our computer system on or shortly after the expiration date. The ***User Account*** will start on the first day of the month following receipt of your application and payment.

Your ***User Account*** will be good for anyone in your company, department, or agency. You are limited to providing ***User Account*** login and password information to those in your immediate location and are not to provide ***User Account*** information to any other company, department, or agency.

You are required to submit your \$25 fee with this application in the form of a check or money order before we can set up a ***User Account***. Checks need to be made to the order of "Salem Public Works Department." Please submit this application with all pertinent information filled in and make sure you include your e-mail address and phone number so we can contact you if we have any questions. Upon receipt of your application and fee, we will establish your ***User Account*** and e-mail your login name and password to you.

Send this form along with your payment to:

City of Salem Public Works Department
Attention: John Smith
555 Liberty Street SE, Room 325
Salem OR 97301-3503

(Signature)

(Date)