

***LandShark* Account Information**

Company Name: _____
Billing Address: _____

Please provide the names, phone numbers, fax numbers and email addresses for two staff persons who will serve as a point of contact.

Contact 1:	Contact 2:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

_____ Date _____
Signature for one of the contact persons

System Users:

Please select a user ID & password. Several users may use the same ID & password, just not at the same time in *LandShark*. You may use one User ID & password for all users or select a second User ID & password. **The User ID must be 10 characters or LESS, the password must be 6 or MORE characters and both require a combination of letters and numbers.**

User ID: _____	User ID: _____
Password: _____	Password: _____
User names for this ID & password	User names for this ID & password
1.	1.
2.	2.
3.	3.
4.	4.

Please make checks payable to Oneida County Register of Deeds. A minimum \$25 check is required to establish the account. Please be advised that **we are unable to write refund checks.** **You will need to draw down your balance to close your account.**

Send completed Use Agreement, this form and payment to:

Oneida County Register of Deeds
PO Box 400
Rhinelander WI 54501

To be completed by Oneida County

Account Number:
Assigned by/date:
Dated added to email list: