

Digital Research Room Activation and Renewal

Today's Date:

541-774-6129 simpsohp@jacksoncountyor.gov

Please print legibly:		
Name of Agency/Account Name:		
Desired User Name:	Desired Password:	
(The same user name and passwor	rd can be used for multiple staff)	
Contact Name:	Contact Email:	
Billing Address:		
Telephone:		
I would like my subscription to be	»:	
Monthly - \$50		
Quarterly - \$150		
Bi-Annually - \$300		
Annually - \$600		
	ash, check (please include your phone num l, please contact Heather at 541-774-6129	
I understand that:		
1. Renewal notices will be sent	by email.	
2. Renewal fees must be received	ed prior to the expiration date to avoid a d	eactivation of systems access.
3. No refunds of subscription fe4. It is the County Clerk's discr	ees will be issued. Tetion to continue availability of this progr	am in the future.
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I accept all terms stated above:		
1 accept an terms stated above.		
Print Name:		
Signature:		
~-0		Jackson County Clerk
Dlagge materials (1.1. a.g., 1.4. 1.6.	alana with was a second t	Attn: Heather Simpson 10 S. Oakdale Room 114
Please return this completed form,	, along with your payment, to:	Medford, OR 97501