



**MORGAN COUNTY GOVERNMENT  
CLERK AND RECORDER'S OFFICE  
Application for iCRIS login**

**Return completed form with your \$300  
check or money order to:**  
Morgan County Clerk & Recorder  
P.O. Box 1399, 231 Ensign Street  
Fort Morgan, CO 80701

**COMPANY INFORMATION**

<b>Company Name:</b>					
<b>Type of Business:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Phone Number:</b>		<b>Fax Number:</b>			

**BILLING INFORMATION (if different than above)**

<b>Billing Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Phone Number:</b>		<b>Fax Number:</b>			

**CONTACT INFORMATION**

<b>Contact Name:</b>					
<b>Title:</b>					
<b>Phone Number:</b>		<b>Fax Number:</b>			
<b>e-mail Address:</b>					

**AGREEMENT**

I understand and agree to pay the Morgan County Clerk and Recorder's Office a monthly subscription fee of \$300 for on-line access to recorded images through their iCRIS application. I understand that the on-line images available coincide with the records that have been indexed to date through the Clerk's electronic recording system.

I agree to prepay for iCRIS service. Payment must be received in the Morgan County Clerk and Recorder's Office on or before the last business day of the current month for next month's service or my service will be interrupted.

I understand that changes in the monthly fee can be made at any time and are handled at the discretion of the Morgan County Clerk. I will be notified by the Morgan County Clerk and Recorder's Office of any changes.

I understand that once my initial payment is received, Morgan County will set up my account and e-mail the login information to me. I understand that my password will be changed at periodic intervals and I will be notified by e-mail of the password changes. I understand and agree that this account is to be used solely by my organization and will not be shared with anyone, including but not limited to any person(s), business, group, entity or user. Violation of any of the aforementioned rules constitutes grounds for termination of the agreement and iCRIS service at the sole discretion of the Morgan County Clerk.

I understand that if any address, billing or contact information I have provided on this form changes, it is my responsibility to contact the Morgan County Clerk and Recorder's Office.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date