

***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 Vilas County Register of Deeds.

Send completed Use Agreement, this form and payment to:

Vilas County Register of Deeds
330 Court Street
Eagle River, WI 54521

To be completed by Vilas County

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