

WASHINGTON COUNTY

OFFICE OF COUNTY RECORDER/REGISTRAR OF TITLES

Remote Access and Escrow Authorization Form

User Information

Company Name	_____	Tax Id #	_____
Street Address	_____		
City	_____	State	_____ ZIP _____
Telephone #	() _____	Fax #	() _____
Contact Name	_____		
Contact Email	_____		
User Name:	_____	<i>(computer generated from Contact first name initial and last name)</i>	
Password:	_____	<i>(set own password must be 6 characters)</i>	

Additional Users

Contact Name	_____
User Name	_____ <i>(computer generated from Contact first and last name)</i>
Password	_____ <i>(set own password must be 6 characters)</i>
Email Address	_____
Contact Name	_____
User Name	_____ <i>(computer generated from Contact first and last name)</i>
Password	_____ <i>(set own password must be 6 characters)</i>
Email Address	_____

(Please attach the above information for each additional user included in this company)

Escrow Data

Please access escrow account number _____ for license/setup (service and copy) fees.
please circle above

On behalf of the above company, I authorize Washington County Recorder/Registrar to reduce my escrow balance for the remote access and fax service charges incurred.

Authorized Signer: _____ Date _____

Title: _____

Additional Users

Contact Name _____
User Name _____ (computer generated from Contact first and last name)
Password _____ (set own password must be 6 characters)
Email Address _____

Contact Name _____
User Name _____ (computer generated from Contact first and last name)
Password _____ (set own password must be 6 characters)
Email Address _____

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