

DIGITAL DATA RESTRICTION AGREEMENT

USER NAME: **Friends of the St. Joe River Association, Inc.**

ADDRESS: **P.O. Box 1794** _____

South Bend, IN 46634 _____

TELEPHONE: **574-303-9390** _____

As a duly authorized representative of the User so identified above I, _____, understand that any geographic digital data or digital database file provided by _____ (Provider) shall not be reproduced, sold or otherwise transferred to any other individual, corporation, organization or entity, for any purpose whatsoever without the express written permission of the Provider.

The geographic digital data/digital database files being requested and for which this agreement applies include:

Parcel Data within the St. Joseph River Watershed

Other
(describe) _____

CERTIFICATION

By so signing the signatory(s) affirm that they are a duly authorized agent of the representative user(s). The principal signatories responsible for this working agreement are:

Signature (User's authorized agent): _____

Name of signatory (printed): _____

Date: _____

Provider's Certification

Signature (Provider's authorized agent): _____

Name of signatory (printed): _____

Date: _____