

KIT CARSON COUNTY CLERK AND RECORDER

Susan Corliss, County Clerk

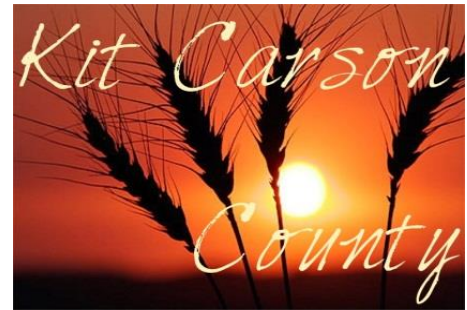
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Burlington, CO 80807-0249

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<https://kitcarsoncounty.colorado.gov/clerk-recorder/recorder>



REQUEST FOR ONLINE ACCESS WITH IMAGES OR BULK RECORD PURCHASE

(PLEASE TYPE OR PRINT)

Company Name: _____

Primary Contact Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Kofile/CountyFusion Username: _____

(The administration of the account will be tied to the Primary Contact's username.

If no username is provided, one will be assigned by Kit Carson County and sent to the Primary Contact.)

Please check the box to the right of the service requested:

Service	Frequency	Media	Cost	Check below
Online Access with Images * plus Document Purchase	7 days a week	Internet Print/Save	\$360/calendar year \$0.25 Per Page	
Online Access with Images * plus Document Purchase	7 days a week	Internet Print/Save	\$50/per month \$0.25 Per Page	
Scanned Images – Copied by County Clerk's Office	Monthly – paid in advance	CD or Email	\$200.00 / month	
Scanned Images – Copied by Public	Monthly – paid in advance	CD or Email	\$175.00 / month	
Scanned Images and Grantor/Grantee Information	Weekly – paid in advance	CD or Email	\$100.00 / week	
Special Reports C.R.S. 30-10-101(2.5)	Weekly, Monthly, Yearly	CD or Email	Min. \$25.00 set up fee + \$0.10 per reception line (Custom) or \$1.25 per Page (STD)	

*Images are available from May 1, 1994 forward – currently back filing date subject to change

I understand and agree to the following:

All fees are payable in advance, made payable to the Kit Carson County Clerk & Recorder via check, credit card, or escrow account.

If I am requesting Online Access with Images, I understand that the access fee is due and payable on the first business day of each calendar year.

I understand that subscribed customers will be able to see the full image of the document, rather than thumbnails or blocked viewed images.

Media will be provided by the Kit Carson County Clerk & Recorder's Office. I will specify what type of media I prefer.

I will give thirty days notice to the Kit Carson County Clerk & Recorder's Office in writing when I change or terminate my request for any services.

I understand that the responsibility for viewing images and accessing keyed information is mine and that the Clerk and Recorder is not responsible for assisting me in using or extracting data and/or images.

I understand and agree I shall be liable and responsible for any and all damages to persons or property caused by or arising out of the actions, obligations, or omissions of myself or my employees, agents, representatives, or other persons acting under my direction or control in using or requesting the requested materials. I will indemnify and hold harmless the County and the Clerk and Recorder's Office, its elected and appointed officials, and its employees, agents, and representatives ("the indemnified parties") from any and all liability, claims, demands, actions, damages, losses, judgments, costs or expenses, including but not limited to attorneys' fees, which may be made or brought or which may result against any of the indemnified parties as a result or on account of the actions or omissions of myself or my employees, agents, representatives, or other persons acting under my direction or control. Nothing in this indemnification agreement shall be construed in any way to be a waiver of the County's immunity protection under the Colorado Governmental Immunity Act, C.R.S. § 24-10-101, et seq., as amended.

Kit Carson County, Kit Carson County Information Services Division, and the Kit Carson County Clerk & Recorder disclaims all warranties of merchantability and all warranties of fitness for either keyed information or scanned documents. Kit Carson County, Kit Carson County Information Services Division, and the Kit Carson County Clerk & Recorder disclaims any and all expressed or implied warranties and any and all liabilities to the buyer for errors and/or omissions that may be present in or that may affect the recording information or images purchased by the buyer.

I understand that the Kit Carson County Clerk & Recorder will process my written request as time permits.

Signature

Date of Request

Escrow Account Policy

1. Escrow accounts require a written application. The funds may be made by cash, check, money order, or credit card.
2. Escrow account balances may incur fees due in the Recording Department of the Kit Carson County Clerk and Recorder’s Office. Depending upon projected usage, escrow account holders may deposit funds according to their anticipated usage.
3. Once established, subsequent deposits may be made by cash, check, money order, or credit card.
4. Cash cannot be withdrawn from an account. Only reimbursements of the entire balance and closure of the account are permissible. Partial reimbursements will not be made. Request for reimbursements must be in writing and signed by an authorized user listed on the account application.
5. Escrow account withdrawals may only be used for Clerk’s fees. Withdrawals will only be permitted to the authorized users listed on the application.
6. The Clerk has the right to close any escrow account at any time, with or without cause and without prior notice. It is not the responsibility of the Clerk to update escrow information without notice such as: current mailing address, phone number, fax number and authorized users of the account. Inactive accounts in a 90-day period may be subject to closure. Refunds will be sent to the current mailing address listed on the account.
7. The Clerk has the right to apply reasonable service charges for bookkeeping or processing when deemed necessary. Returned checks may result in the Clerk debiting costs incurred for services provided from funds previously established in escrow with the Kit Carson County Clerk and Recorder’s Office. Until the matters are resolved, the Clerk reserves the right to deny any service by escrow.
8. No service will be provided without sufficient funds in the escrow account.
9. The primary contact for the account will be provided login information for the account. It is the primary contact’s discretion whom they provide the login name and password to. It is also the primary contact’s responsibility to change the password as necessary.
10. The primary contact will receive a monthly statement detailing debits and credits to their account. It is their responsibility to balance their account and notify the Kit Carson County Clerk and Recorder’s office of any disputed debits or credits. This report can also be downloaded on demand using GovOS - CountyFusion.

AUTHORIZED USERS

AMOUNT ATTACHED: \$ _____ CASH CHECK MONEY ORDER or CREDIT CARD

AUTHORIZED SIGNATURE

TYPE OR PRINT AUTHORIZED SIGNATURE DATE

APPROVED: _____ DATE: _____