

**DIGITAL GEOGRAPHIC INFORMATION SYSTEM DATA
ORDER FORM & LICENSE AGREEMENT**

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Complete this form and send to attention of LCOG Storefront ([REDACTED] fax 541-682-2635).

1. Company, Agency or Individual (Requestor): _____

2. Address: _____

3. Contact Person: Phone #/Ext: _____

4. Project Name: _____

5. Brief Description of Project: _____

6. Area of Interest: _____

7. List Data Layers: _____

8. Intended Use of Data: _____

9. File Format (e.g. Shapefile, DXF, E00, TIFF or other): _____

TERMS OF AGREEMENT

Requestor assumes all responsibility for the use of this product and agrees to hold harmless LCOG against any loss or damage arising from any error, omission or positional inaccuracy of this product.

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10. Project Manager (name and title): _____

11. Signature (required): _____ Date: _____