TOWN OF NORTH YARMOUTH
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DIGITAL INFORMATION RELEASE FORM

APPLICANT’S NAME: ________________________________

ADDRESS: _______________________________________

CITY: ___________________ STATE & ZIP CODE: __________

TELEPHONE NUMBER: __________ DATE OF APPLICATION: ______

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1. Information provided on the digital disk is a direct extraction from our data files. The digital data was compiled for the Town of North Yarmouth for the purpose of generating digital tax maps, computer indices for assessment purposes and other related municipal functions. The data was not checked for any conversion errors.

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5. In exchange for access and use of the data, the applicant agrees to assume all risks and liabilities associated with the use and any modification of the data and to the fullest extent permitted by law, agrees to defend, indemnify and hold harmless the Town of North Yarmouth and to defend the Town of North Yarmouth using counsel satisfactory to the Town of North Yarmouth from and against any claims, liabilities, losses, damages, judgments, awards and costs incurred and/or alleged, including, but not limited to court costs and attorney’s fees arising from the use or modification of the digital data in the Applicant’s possession.

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_________________________________________  Date
Signature

_________________________________________  Title
Please Print Name

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