

OHIO COUNTY ASSESSOR

WWW.OHIOCOUNTYWASSESSOR.COM

APPLICATION FOR SUBSCRIPTION

COMPLETE THIS FORM AND FAX TO THE ASSESSOR'S OFFICE
(304) 232-0293

PLEASE PRINT OR TYPE

FIRST NAME: _____
LAST NAME: _____
COMPANY: _____
ADDRESS: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
EMAIL ADDRESS: _____

After approval of this application you will be notified of your logon and password. Your one month trial period will begin on the day of notification and expire after thirty days. If you wish to continue the service, you can renew for an annual fee of \$110. Fee must be paid to Ohio County Assessor each year prior to the renewal date.

SIGNATURE

DATE

OFFICE USE ONLY:

APPROVED: _____ DATE: _____
LOGON: _____ PASSWORD: _____
TRIAL PERIOD: _____ -- _____
SUBSCRIPTION DATE: _____