

**RecordEase User ID & Escrow Application**

Date: \_\_\_\_\_

Please provide the following billing information:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Billing Contact Name: \_\_\_\_\_ User /Contact Name \_\_\_\_\_

Phone Number: \_\_\_\_\_ / \_\_\_\_\_

Email Address: \_\_\_\_\_ / \_\_\_\_\_

- Company/Party must establish an escrow account to receive a User ID/Password for RecordEase Web Access and/or to make copies onsite in the Research Department.
- Escrow Account minimum is \$250.00
- Check enclosed and Escrow draws authorized for: (check (✓) all that apply)

Recording fees       Copies       RecordEase Remote Access  
 (Escrow accounts with multiple permissions will require a higher minimum balance)

**Any changes in service must be made in writing before the first of the month to the RecordEase Administrator at the address below.**

Return this application form and your escrow funding check to:

Dakota County Property Taxation & Records  
 Attn: RecordEase Subscriber Administrator  
 1590 Highway 55  
 Hastings, MN 55033

This area reserved for County Use.	Escrow Acct/Customer Code _____
Assigned User ID: _____ Password: _____	