



Municipal  
Assessment  
Agency Inc.

# Secure Web Access Application Municipal Government User

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Job Title: \_\_\_\_\_

Municipality: \_\_\_\_\_

Town Manager: \_\_\_\_\_

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

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

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

Reason for Access: \_\_\_\_\_

\_\_\_\_\_

I hereby agree to the Terms of Use as contained on Page 2 of this document

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

**Note:** Application must be signed and dated. Fax to 709-724-1531. Applicants may be contacted via telephone to validate information.

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