

# Digital Data Release Agreement

City of Champaign  
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<http://ci.champaign.il.us/>

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

The digital data is authorized to:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
CITY, STATE, ZIP

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\_\_\_\_\_  
PURPOSE

\_\_\_\_\_  
DATA REQUESTED

The Licensee hereby agrees to the terms and conditions in the attached LICENSE AGREEMENT and agrees to abide by same.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
e-mail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**COMPLETE AND MAIL ORIGINAL COPY TO**  
**Attn: IT Department**  
**City of Champaign**  
**102 N. Neil Street, Champaign, Illinois 61820**  
**OR FAX TO:**  
**(217) 403-8993**

Any questions, please call (217) 403-8970