

REQUEST FOR USER ID AND PASSWORD  
(PERSONAL IDENTIFICATION NUMBERS)

Phone # \_\_\_\_\_

Firm or Individual Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

For purposes of this document, the term PIN (Personal Identification Numbers) shall refer to a user identification and password combination assigned by the Lycoming County Register & Recorder's Office.

I/We understand that the Office of the Lycoming County Register and Recorder has implemented a procedure whereby any person wishing to make copies of documents in that office shall be required to enter a confidential and unique PIN into the copier prior to making any copies. Please issue to me/us a PIN to be used when making copies in the Office of the Lycoming County Register and Recorder.

I/We acknowledge that the use of the PIN assigned represents a substitute for a manual signature and has the same legal effect. I/We understand that the Register and Recorder will keep the PIN confidential. I/We understand that it shall be my/our responsibility to ensure adequate protection, confidentiality, and secrecy of the PIN and that any disclosure of the PIN to any other person shall be entirely at my/our risk. I/We accept responsibility for deactivating the PIN upon completion of my/our copying. I/we further understand that I/we shall be fully responsible for payment for any copies made with my/our PIN.

I/We will notify the Register & Recorder immediately if I/we are no longer desirous of making copies in that office or if I/we believe that the PIN is no longer confidential. I/we understand that in the event of an accidental disclosure of the PIN to any other person, the Register & Recorder will issue a new PIN.

Signed the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Manual Signature \_\_\_\_\_

Type or Print Name \_\_\_\_\_

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Register & Recorder's Office Use Only

User ID \_\_\_\_\_