BIG STONE COUNTY, MN

GEOGRAPHICAL INFORMATION SYSTEM (GIS)

SUBSCRIPTION REQUEST

Request Date : _____

First & Last Name : _____

Company Name : _____

Username Preference : **First & Last Name** OR **Company Name**
(circle one)

Mailing Address : _____

_____

_____

Phone Number : _____

Email Address : _____

All fields are required, unless you do not have a company name.

Subscriptions are valid for 12 months.

Big Stone County, MN will not provide your personal or company information to any third party agency.

Please mail this request form, with a check for $250.00 to:

Big Stone County Auditor
20 Second St SE
Suite 103
Ortonville, MN 56278

You will receive an email when your account has been activated.