

**BIG HORN COUNTY
ONLINE RECORD ACCESS APPLICATION REQUEST FORM**

Name (First & Last) _____

Company Name _____

Mailing Address _____

City, State, Zip _____

Phone# _____ E-mail _____

Contact Information

To make the system easier for you to access, we are allowing you to choose your own username and password. Please complete this section and we will attempt to assign you the name and password you would like if feasible.

Desired Username _____

Desired Password (Must be different than the username) _____

User Information

As this office records documents, the clerks validate them. This means the image is scanned and the indexed information is double checked for accuracy. Each night, validated information is updated to the Website and available for your use.

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Date _____

Signature _____

Big Horn County Clerk, P.O. Box 31, Basin, WY 82410, (307) 568-2357 • Fax (307) 568-9375 ...Access through <http://www.bighorncountywy.gov>