

Connect Seward County
Website Authorization Form for Businesses and Organizations

Part #1 to be filled out by the Business/Organization

- I hereby authorize the “Web Page Designer” listed below to submit web page updates to the Connect Seward County server for the business/organization listed below.
- I understand that it is the responsibility of our business/organization to monitor our own web pages, and that Connect Seward County is not responsible for web page content.
- I understand that this authorization will remain in effect until:
 - It is revoked by this business/organization filing a new authorization form. OR
 - The business/organization sets a date for the authorization to expire and the page(s) to be removed from the server. OR
 - The web designer no longer has an account with Connect Seward County.
- I understand that there is no charge for Seward County businesses and organizations to store web pages on the Connect Seward County server.

Today’s Date: _____

Business/Organization Name: _____

Business/Organization Representative: _____

Mailing Address: _____ City _____ Zip _____

Business/Organization Phone Number: _____ E-mail Address: _____

If you have purchased a domain name for your website, please list it here. If you do not plan on purchasing a domain name, Connect Seward will assign a name for your site.

___ This is an on-going authorization

___ This is a one time authorization that will expire on _____

Please use the back of this form to list all those who should currently have access to this site, besides yourself and the web designer listed below. We will remove access from anyone not listed.

Authorizing Signature: _____

Please keep a copy of this authorization form for your records. It is the responsibility of your business or organization to notify Connect Seward County in the case of changes of web designers or authorized representatives due to retirement, termination, etc.

Part # 2 to be filled out by the Web Designer

I hereby pledge to represent the intention of the above listed business and to communicate to that business any changes that alter the design or message presented by its presence on the Internet.

Web Designer (Individual name not business name): _____

Mailing Address: _____ City _____ Zip _____

Business Phone Number: _____ E-mail Address: _____

Web Designer Signature: _____

This form is to be returned to:
Seward Memorial Library
233 South 5th Street
Seward, NE 68434