California Historical Resources Information System

ACCESS AGREEMENT SHORT FORM

	Number:	
I, the undersigned, have		to historical resources information on file at the Center of the California Historical Resources Information System
qualify for access to such	information, as specif	mation I receive shall not be disclosed to individuals who do no fied in Section III(A-E) of the CHRIS Information Center Rules of documents without written consent of the Information Cente
		and Reports based in part on the CHRIS information released Center within sixty (60) calendar days of completion.
I agree to pay for CHRIS receipt of billing.	services provided ur	nder this Access Agreement within sixty (60) calendar days o
I understand that failure to Information.	comply with this Acc	cess Agreement shall be grounds for denial of access to CHRIS
Print Name:		Date:
Signature:		
Affiliation:		
		City/State/Zip:
Billing Address (if different from	m above):	
Telephone:	Fax:	Email:
Purpose of Access:		
Reference (project name or nur	nber, title of study, and street	address if applicable):
County:	Township/Range/Se	ction or UTMs:
USGS 7.5' Quad:		