



# Supervisor of Assessments



LIVINGSTON COUNTY

112 W Madison St, Pontiac, IL 61764

Phone 815/844-7214

Fax 815/844-2324

## PASSWORD APPLICATION FOR THE LIVINGSTON COUNTY ASSESSOR'S WEB SITE

1. Name of Applicant: \_\_\_\_\_

2. Company Name: \_\_\_\_\_

3. Billing Address: \_\_\_\_\_  
\_\_\_\_\_

4. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

5. E-Mail Address: \_\_\_\_\_

Public information data is furnished by this office, and must be accepted and used by the recipient with the understanding that this office makes no warranties, expressed or implied, concerning the accuracy, completeness, reliability, or suitability of this data. Furthermore, this office assumes no liability whatsoever associated with the use or misuse of such data.

I have read and understand the above disclaimer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*  
**PAYMENT INFORMATION:**

The fee for this password is \$120 per year starting the day the password is issued to you. This fee can be made payable to the Supervisor of Assessments and mailed to 112 W Madison St, Pontiac, IL 61764. Once the application and fee are received, our office will contact you with your password.

\*\*\*\*\*  
**OFFICE USE ONLY:**

User ID: \_\_\_\_\_ (up to 14 characters)

Password: \_\_\_\_\_ (up to 14 characters)

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Payment Type: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

**(Payment must be received by this office prior to the issuing of a password)**