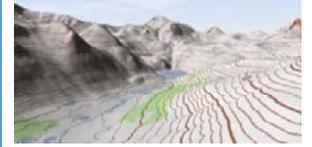




Clip-Zip-Ship Access Request Form



Please complete all sections of this Data Request Form. Upon completion, please send by email, fax or postal mail -- contact information is listed at the bottom of this page. Within two business days, a staff member from the Office or our Decision Team will contact you to confirm approval of the request.

❖ Field required:

❖ Organization

❖ Name
(include middle initial)

❖ Address

❖ City

❖ State

❖ Zip Code

❖ Phone Number

❖ E-mail Address

Completion Date

Month

Day

Year

Please submit form or direct questions to:

Julio Talero

Email: jtalero@lincoln.ne.gov

Phone: (402) 441-7122

Fax: (402) 441-6576

Address: 949 W. Bond St. Lincoln, Ne. 68521 – Suite 200

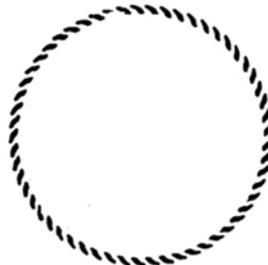
Requestor Agreement.

By signing this form, I certify that I have read and understand the statement of confidentiality of records. I understand that my CZS Id and password are to be kept confidential. Should I share this information, my access will be revoked.

Requestor Signature: _____

Date Signed: _____

License Professional Engineer



Certificate Seal