

RECIPROCAL DATA EXCHANGE IN LEIU OF PAYMENT

USER NAME: **Friends of the St. Joe River Association, Inc.**
ADDRESS: **P.O. Box 1794** _____
South Bend, IN 46634 _____
TELEPHONE: **574-303-9390** _____

As a duly authorized representative of the User so identified above I, _____, understand that I am the recipient of said geographic digital data or digital database files provided by _____ (Provider). I agree to provide _____ with new digital layers created during the *Wetland Partnership Project* including but not limited to:

***Current and Historical Wetland Functional Assessment Data
Wetland Protection and Restoration Prioritization Data.***

The geographic digital data files being requested and for which this agreement applies include:

Parcel Data within the St. Joseph River Watershed

Other
(describe) _____

CERTIFICATION

By so signing the signatory(s) affirm that they are a duly authorized agent of the representative user(s). The principal signatories responsible for this working agreement are:

Signature (User's authorized agent): _____

Name of signatory (printed): _____

Date: _____

Provider's Certification

Signature (Provider's authorized agent): _____

Name of signatory (printed): _____

Date: _____