

## Website Authorization Form for Businesses and Organizations

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

	is no charge for Seward County businesses/organizations to host webs visit <a href="www.connectseward.org">www.connectseward.org</a> for FAQ, terms of service and other hele		ard County server.			
Busine	ss/Organization Name:					
Busine	ss/Organization Representative:					
Mailing	g Address:	City	Zip			
Busine	ss/Organization Phone Number: E-mail Address	s:				
	☐ In addition to being the business/organization representative, I a administrator. (Please complete the first section of Part #2.)  or	am also going to be the v	vebsite			
	☐ I authorize the "Website Administrator" listed in Part #2 to subm Seward County server for the business/organization listed above.		the Connect			
Pleas	e read and check all boxes:					
	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 rea new authorization form.	evoked by this business/c	organization filing			
	nave a Connect Seward County Account. (Both the business/organization representative and the website dministrator MUST have personal accounts with Connect Seward County. Visit <a href="www.connectseward.org">www.connectseward.org</a> and ick on Account Sign Up to get an account.)					
Author	rizing Signature:	Date:	onth/date/year			
in the oretirem Please that sh	e responsibility of your business or organization to notify Connect Seward Course of changes of website administrators or authorized representatives due to nent, termination, etc.  I list the names of those who currently have website authorization mould be removed from having access. Or, contact connectseward.org if you have questions:	This form is Seward Mem 233 South 5 <sup>t</sup> Seward, NE	to be returned to: orial Library			

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	I have/wil	l purchase the following Website Domain Name:		
or				
		an on purchasing a domain name and would like Conne names will look like www.connectseward.org/bus/bus		
Co	mplete the	following two sections if using a purchased domain	name:	
	or	(Configure the domain name servers as NS1.CUNE.EL		
•		DNS service for this domain is managed by a differer If you are creating HTML pages, configure DNS to use If you are using a WordPress site, configure DNS to use	e a CNAME of www.conn	
		Connect Seward will provide email service for this d	omain.	
	or			
		A different email service provider will handle email is providing DNS service, please list the mail exchange		
□ or	I would lik	se to create my own HTML pages for the website.		
	I would lik	se to use WordPress to build the website.		
		the Business/Organization representative listed in Part do not have to fill out the rest of Part #2.)	#1.	
or	(II 30, you	do not have to the out the rest of rare #2.		
	I am the w	vebsite administrator listed below.		
We	bsite Admir	nistrator (Individual's name, not business):		
We	bsite Admir	nistrator Business Name (optional):		
Ma	iling Addres	ss:	City	Zip
		r: E-mail Address:		

- ☐ 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.
- ☐ I have a Connect Seward County Account. (Both the business/organization representative and the website administrator MUST have personal accounts with Connect Seward County. Visit <a href="www.connectseward.org">www.connectseward.org</a> and click on Account Sign Up to get an account.)

Website Administrator Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_

month/date/year