

Software Evaluation Request

I would like to request an evaluation version of the following DEC/Citygate GIS Inc. software products.

Product Name:	
First/Last Name:	
Agency Name:	
Agency Street Address:	
Agency City, State and Zip Code	
Phone Number:	
Fax Number:	
Email Address	

I agree that at the end of the 45-day evaluation period, I will remove any and all versions of the software its documentation and applicable data from my system. I further agree that I will not share the results of my evaluation with any parties outside of my agency without first obtaining express written permission from Digital Engineering Corporation/Citygate GIS Inc.

Signature

Name,

Date

We reserve the right to decline requests for evaluation when requests are deemed inappropriate.