

This form should be used by the subscriber only in the event that you wish to cancel your annual subscription.

WASHINGTON STATE REFERENCE NETWORK AGREEMENT Subscriber Intent to Cancel

This document serves as notice of intent to cancel the Washington State Reference Network (WSRN) annual subscription for _____

[individual, public sector entity
representative or company representative], effective immediately and executed upon signature by both the subscriber and the WSRN administrative staff of Seattle public Utilities.

Depending on when this Subscriber Intent to Cancel is received by Seattle Public Utilities with respects to the previously agreed upon annual invoicing for services, the following actions or obligations may need to be met by one or both parties before the cancellation may take effect:

1. If this Subscriber Intent to cancel is received by Seattle Public Utilities before the annual subscription period has ended, then the respective access accounts will be disabled, and no further annual invoices will be sent to the subscriber. Subscriptions are paid for and invoiced on an annual basis and there is no prorated refund of any unused annual services.
2. If this Subscriber Intent to Cancel is received by Seattle Public Utilities after the annual invoice has been issued to the subscriber, then the WSRN administration staff of Seattle Public Utilities will check access logs to see if there has been any access of the WSRN services by the subscriber after the date of invoice issue. If the subscriber has utilized the WSRN services after the date of invoice issue, then a prorated fee will be invoiced for the period between the annual invoice date and the date of receipt of this Subscriber Intent to Cancel is received by Seattle Public Utilities.

Reactivation of WSRN services would be done by a new application and agreement.

The City of Seattle

[Sign] _____

[Print Name] _____

[Title] _____

Engineering and Technical
Services Division
Seattle Public Utilities

The Subscriber

[Sign] _____

[Print Name] _____

[Title] _____

[Representing] _____

Date: _____

Date: _____

Please sign and return this form and invoice (if applicable) via email to:
gavin.schrock@seattle.gov and spu_ar_group@seattle.gov, or fax: 206-684-8581

SPU Use Only

Yes ___ No ___

Number of logins cancelled ___

WSRN log check for post invoice usage (log query attached)

Date Checked ___/___/___

Date Cancelled ___/___/___

Initials ___

Initials ___