

## eCRV User Group Application

Name	Organization/Employer
Your Email Address	Your Phone Number

**Job Category (choose all that apply):**

- Assessor's Office
- Auditor's Office
- Treasurer's Office
- Public Data User
- Submitter/Title Company
- Technology Vendor/Consortium
- Other: \_\_\_\_\_

**Please give a brief description (2 - 3 sentences) of how and why you use eCRV.**

**What makes you a strong candidate for the eCRV User Group?**

**How would you help to ensure that communication between you and users similar to you is effective?**

Click "Submit" to send this form to the Minnesota Department of Revenue