



LE SUEUR COUNTY ADMINISTRATOR'S OFFICE
88 S. Park Avenue, Le Center, Minnesota 56057
TEL: 507-357-8220
Darrell Pettis, Le Sueur County Administrator

.Gov Domain Registration
c/o Verisign, Inc.
12061 Bluemont Way
Reston, Virginia 20190

Dear Domain Manager,

As County Commissioner for Le Sueur County, MN I formally request that authority over the lsc-mn.gov second-level domain name be delegated to Le Sueur County, MN. I attest that I am the highest-ranking official for Le Sueur County, MN or have signing rights on behalf of the commissioners for Le Sueur County, MN

This domain name will be used for Internet presence and Cloud Hosting Services. The use of this domain is consistent with the County of Le Sueur County Internet policy. In addition, I will ensure the content of the requested domain name conforms to the .gov policy.

By requesting this domain name, I acknowledge that I will be responsible for payment of the annual \$400 domain fee. I understand that if I wish to retire my domain, I must submit a written request to registrar@dotgov.gov. If a written request is not submitted, I understand that I will continue to be responsible for all accrued domain fees.

The following individuals will be listed as points of contact for lsc-mn.gov. It is understood that the contact information must remain valid and up to date, and that administrative, billing, and technical points of contact will be unique.

Administrative Point of Contact
Darrell Pettis
County Administrator
88 S Park Ave, Le Center MN 56057
507-357-8101
dpettis@co.le-sueur.mn.us

Billing Point of Contact
Sherri Simon
Accounts Receivable
88 S Park Ave, Le Center MN 56057
507-357-8101
ssimon@co.le-sueur.mn.us

Technical Point of Contact
Jeff Neisen
IT Director
88 S Park Ave, Le Center MN 56057
507-357-8101
jneisen@co.le-sueur.mn.us

Security Point of Contact
jneisen@co.le-sueur.mn.us

Sincerely,

Steve Rolfing
Le Sueur County Commissioner & Board Chair

[Notary Public Section]

Signed and sworn to (or affirmed) before me on [Date] _____

Name of the Individual Making a Statement [First Name, Last Name] _____

Signature of Notary Public _____

My Commission Expires [Date] _____

Notary Public Seal