



GATEKEEPER MANAGEMENT REQUEST FORM
DUVAL COUNTY CLERK OF COURT

Date: _____

Agency/Firm/Company Name: _____

Person Making Request: _____

Phone: _____

Email: _____

- | | | | | |
|----|---------------------------------|--------------|-----------------------|--------------|
| 1) | <input type="checkbox"/> Add | Name: _____ | Title: _____ | Login: _____ |
| | <input type="checkbox"/> Remove | Email: _____ | Start/End Date: _____ | |
| 2) | <input type="checkbox"/> Add | Name: _____ | Title: _____ | Login: _____ |
| | <input type="checkbox"/> Remove | Email: _____ | Start/End Date: _____ | |
| 3) | <input type="checkbox"/> Add | Name: _____ | Title: _____ | Login: _____ |
| | <input type="checkbox"/> Remove | Email: _____ | Start/End Date: _____ | |
| 4) | <input type="checkbox"/> Add | Name: _____ | Title: _____ | Login: _____ |
| | <input type="checkbox"/> Remove | Email: _____ | Start/End Date: _____ | |
| 5) | <input type="checkbox"/> Add | Name: _____ | Title: _____ | Login: _____ |
| | <input type="checkbox"/> Remove | Email: _____ | Start/End Date: _____ | |
| 6) | <input type="checkbox"/> Add | Name: _____ | Title: _____ | Login: _____ |
| | <input type="checkbox"/> Remove | Email: _____ | Start/End Date: _____ | |
| 7) | <input type="checkbox"/> Add | Name: _____ | Title: _____ | Login: _____ |
| | <input type="checkbox"/> Remove | Email: _____ | Start/End Date: _____ | |

Additional Instructions: _____

Case Information to be Provided: _____

Comments: _____

Security Breach Report: _____

For security breaches call (904)255-2389 in addition to emailing this form to CORE@DuvalClerk.com