



AGENCY SUPPLEMENTAL REQUEST FORM DUVAL COUNTY CLERK OF COURT

1. This Request is for:

- Updating Agency's Contact Information
- Replacing or Adding an Agency Gatekeeper

CONTACT INFORMATION UPDATE:

*Agency/Firm/Company Name:	
*Agency Head Name:	
*Agency Head Title:	
*Agency Head E-mail Address:	
*Agency Address:	
*City/State/Zip:	
*Agency Head Phone:	
Alt. Phone:	

***Required if updating contact information**

2. The undersigned appoints the following as Gatekeeper:

*Gatekeeper Name:	
*Gatekeeper E-mail Address:	
*Gatekeeper Address:	
*City/State/Zip:	
*Gatekeeper Phone:	
Alt. Phone:	

***Required if appointing new Gatekeeper**

3. This is a:

- Replacement Agency Gatekeeper
- Additional Agency Gatekeeper

4. The undersigned affirms the contact and other information on this Agency Supplemental Request Form is correct and upon submission to the Clerk is incorporated in the original Agency Registration Agreement to View Records Online Agreement.

Date: _____

Agency Head Signature