

APPLICATION FOR INTERNET ACCESS TO RECORDS MANAGEMENT SYSTEM

The approval of this application is at the discretion of the Clerk of the York County - Poquoson Circuit Court. By signing this application, the Subscriber acknowledges and accepts the terms and conditions of the *Subscriber Agreement for Internet Access to York County – Poquoson Circuit Court Documents* as incorporated by reference herein.

SUBSCRIBER'S NAME: _____
NAME OF BUSINESS, if applicable: _____
EMAIL ADDRESS: _____
STREET ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE NUMBER: _____
UNITED STATES CITIZEN: Y N (Please circle one)

I certify that the information above is true and correct.

SIGNATURE

STATE OF _____
City/County of _____

I, _____ a Notary Public, do hereby certify that on this ____ day of _____, 20____, _____ personally appeared before me and swore and acknowledged to me that the statements contained therein are true and correct.

My Commission Expires: _____

Notary Public Printed Name

Notary Public/Clerk/Deputy Clerk

Notary Public Telephone Number

Notary Public Registration Number

For use by Circuit Court Clerk's Office only

SUBSCRIBER ID _____

PASSWORD _____