

**GATEKEEPER MANAGEMENT REQUEST FORM
VOLUSIA COUNTY CLERK OF COURT**

Date: _____

*Agency/Company Name: _____
*Required

*Person Making Request: _____
*Required

*Phone: _____
*Required

*Email: _____
*Required

1. Add Remove

Name: _____ Title: _____
Email: _____ *Login: _____
*Required for remove

2. Add Remove

Name: _____ Title: _____
Email: _____ *Login: _____
*Required for remove

3. Add Remove

Name: _____ Title: _____
Email: _____ *Login: _____
*Required for remove

4. Add Remove

Name: _____ Title: _____
Email: _____ *Login: _____
*Required for remove

5. Add Remove

Name: _____ Title: _____
Email: _____ *Login: _____
*Required for remove

6. Add Remove

Name: _____ Title: _____
Email: _____ *Login: _____
*Required for remove

7. Add Remove

Name: _____
Email: _____

Title: _____
*Login: _____
**Required for remove*

8. Add Remove

Name: _____
Email: _____

Title: _____
*Login: _____
**Required for remove*

9. Add Remove

Name: _____
Email: _____

Title: _____
*Login: _____
**Required for remove*

10. Add Remove

Name: _____
Email: _____

Title: _____
*Login: _____
**Required for remove*

Additional Instructions: _____

Case Information to be provided: _____

Comments: _____

Security Breach Report: _____

For security breaches call 386-822-5004 in addition to emailing this form.

Completed form can be emailed to:

clerk@clerk.org

or mailed to:

**Clerk of Court- Information Technology
PO BOX 6043
DeLand, FL 32721-6043**