

**UPDATE AGENCY/GATEKEEPER INFORMATION FORM
VOLUSIA COUNTY CLERK OF COURT**

This Request is for

Updating Agency's Contact Information

CONTACT INFORMATION UPDATE

*Agency/Company Name: _____ *Required

*Agency Head Name: _____ *Required

*Agency Head Title: _____ *Required

*Agency Head e-mail address: _____ *Required

*Agency Address: _____ *Required

*City/State/Zip: _____ *Required

*Agency Head Phone: _____ *Required

The undersigned appoints the following:

Replacement Agency Gatekeeper

*Gatekeeper Name: _____ *Required

*Gatekeeper e-mail Address: _____ *Required

*Gatekeeper address: _____ *Required

*City/State/Zip: _____ *Required

*Gatekeeper phone: _____ *Required

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

Completed form can be emailed to:

clerk@clerk.org

or mailed to:

Clerk of Court- Information Technology

PO BOX 6043

DeLand, FL 32721-6043