



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	
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Case Information to be Provided	
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Comments	
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Security Breach Report	
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For security breaches call 904-255-2389 in addition to emailing this form to Core@DuvalClerk.com