

# WARREN COUNTY CIRCUIT COURT

1 EAST MAIN STREET, FRONT ROYAL, VA 22630

## APPLICATION FOR INTERNET ACCESS TO RECORDS MANAGEMENT SYSTEM

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

### SUBSCRIBER:

**CORPORATE NAME:** \_\_\_\_\_

**INDIVIDUAL'S LAST NAME:** \_\_\_\_\_

**INDIVIDUAL'S FIRST NAME:** \_\_\_\_\_

**BUSINESS NAME (if applicable)** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**UNITED STATES CITIZEN**      **Y**      **N**      (*Please circle one*)

**SIGNATURE** \_\_\_\_\_

I certify that the information above is true and correct.

State of \_\_\_\_\_, County/City 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.

\_\_\_\_\_  
**NOTARY PUBLIC**

Name of Notary, Typed or Printed: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Phone No & Registration No: \_\_\_\_\_

### For use by Circuit Court Clerk's Office only

**SUBSCRIBER ID** \_\_\_\_\_

**PASSWORD** \_\_\_\_\_

**EXPIRATION DATE** \_\_\_\_\_

**WEB ADDRESS:** [www.courts.state.va.us/rmsweb](http://www.courts.state.va.us/rmsweb)