

**Spotsylvania Circuit Court Clerk's Office
Secure Remote Access to Land Records**

| |
|------------------------|
| Office Use Only |
| Approved/Denied _____ |
| Action taken: _____ |
| _____ |
| _____ |

SRA Change Form for Government Subscribers

The Government Subscriber listed below hereby requests a change to SRA access as described on the attached. The approval of this request is at the discretion of the Circuit Court Clerk.

Government Entity Name: _____

Authorized Representative¹: _____
Name/Title

Physical Address: _____
(PO Boxes not acceptable) _____

Mailing Address: _____

E-mail Address: _____

Phone Number: _____

By signing the SRA Change Form, the Subscriber re-acknowledges and accepts the terms and conditions of the Spotsylvania Circuit Court Clerk's Office's Government Subscriber Agreement for Secure Remote Access (previously executed).

Signature: _____

I certify that the information above and on the attachment is true and correct.

¹ A list of individual users will need to be completed on the next page.

***SRA Change Form for Government Subscribers
Attachment Listing Change(s) Requested***

Government Entity Name: _____

Primary Contact for Clerk's Office: _____

Primary Contact Phone Number: _____

Primary Contact E-mail Address: _____

Check applicable change(s):

- Employee(s) access should be terminated as listed below.**

| Name: | Reason (e.g., separation): |
|----------|----------------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

- Substitute(s) requested for terminated user(s) as listed below.**

| List of Substitute Authorized User(s) Requested: | E-mail Address: |
|--|-----------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Attach additional documentation as necessary.