

**Application for Access to the Madison County Clerk of the Circuit Court  
Secure Remote Access Site**

**Business Subscriber**

Application is hereby made for access to the Madison County Clerk of the Circuit Court Secure Remote Access Site. By signing and submitting this application the Subscriber acknowledges and accepts the terms and conditions of the Madison County Clerk of the Circuit Court Secure Remote Access Site Subscriber Agreement as incorporated by reference herein. The approval of this application is at the absolute discretion of the Clerk of the Circuit Court of Madison County.

**Business Name** \_\_\_\_\_

**Authorized Representative's Name:** \_\_\_\_\_  
(individual application and fee must be submitted for each user)

**Business Address** \_\_\_\_\_

**Business form(C corp, LLC, LLP, etc.)** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Business phone** \_\_\_\_\_  
**TIN** \_\_\_\_\_

**Signature** \_\_\_\_\_  
By Auth. Rep. I swear and acknowledge before the notary public listed below that the above is true and correct.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_  
I, \_\_\_\_\_, a Notary Public, do hereby certify that on this \_\_\_\_\_  
(name of notary)  
day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_, personally  
(name of subscriber)

appeared before me and swore and acknowledged that the statements contained herein are true and correct.

My commission expires \_\_\_\_\_  
Notary Public

Name and Phone number of notary \_\_\_\_\_

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**FOR USE BY CIRCUIT COURT CLERK'S OFFICE ONLY**

**APPLICATION DATE RECEIVED** \_\_\_\_\_ **DENIED/APPROVED:** \_\_\_\_\_  
**CLERK**  
**DATE:** \_\_\_\_\_

<b>To Clerk:</b>	<b>APPROVED</b>	<b>DENIED</b>	
<b>NOTIFICATION DATE</b>	_____	<b>NOTIFICATION DATE</b>	_____
<b>SUBSCRIBER ID ASSIGNED</b>	_____	<b>CHECK RETURNED</b>	_____
<b>PASSWORD ASSIGNED</b>	_____		

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**Business application – page 2**

Business name: \_\_\_\_\_

Primary contact for Clerk's Office: \_\_\_\_\_

Primary contact phone number: \_\_\_\_\_

Primary contact email address: \_\_\_\_\_

List of requested authorized users:

**(Fully completed individual applications and fees must be submitted for each user.)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_