

LINX Subscription Account Setup Attorney/Staff

Please fill out this form and return it to the Pierce County Clerk's Office at
930 Tacoma Ave S Room #110 Tacoma, WA 98402

Account Type _____

(Staff*, Attorney or Government)

*Please use this top portion to list your attorneys information

Subscriber Name _____

Company Name _____

Address _____

E-mail _____ Phone _____

WSBA/Driver's License Number _____

Case Number (if applicable) _____

Staff Information

Attorney shall be responsible for all activities of users who electronically file and serve at his or her direction or who obtain access through use of the subscriber's site.

1. Name	Driver's License Number
<input type="checkbox"/> I want this person to receive copies of my emails from LINX.	E-mail Address
2. Name	Driver's License Number
<input type="checkbox"/> I want this person to receive copies of my emails from LINX.	E-mail Address
3. Name	Driver's License Number
<input type="checkbox"/> I want this person to receive copies of my emails from LINX.	E-mail Address

I agree to the terms of the 'LINX Subscription Agreement'

Date _____ Signature _____