

SECURE REMOTE ACCESS (SRA)

ROANOKE COUNTY CIRCUIT COURT
305 EAST MAIN ST, SALEM, VA 24153

The approval of this application is at the discretion of the Clerk of the Circuit Court. 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:

Last Name: _____

First Name: _____

Business Name (if applicable): _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____ Email Address: _____

United States Citizen: YES or NO (Circle one)

If not a citizen of the United States, please list citizenship: _____

Subscriber in another locality: YES or No (please circle one)

Initial password - new2vacourts!

Signature: _____

I certify that the information above is true and correct.

I, _____, do hereby certify that on this _____
(name of Notary, Deputy Clerk)
day of _____, 20____, _____, personally appeared
(Name of Subscriber)
before me and swore and acknowledged that the statements contained herein are true and correct.

State/Commonwealth of: _____ City/County of: _____

My commission expires: _____
(Notary Public/Deputy Clerk)
Notary Phone Number: _____

Notary registration number and seal (required for VA notaries) _____

United States Citizenship my or may not be a requirement for having your application approved.