



SHARON K. FOGO
Mason County Clerk
PO Box 340, Shelton, WA 98584
(360) 427-9670 Ext. 346

Mason County Superior Court Odyssey Portal Master Registration

Agency/Firm:		
Mailing Address:		
City:	State:	Zip:
Email:		

¹ Please provide a phone number for each person that will work for Dual Factor Authentication.

² Staff within my agency/firm allowed to access and view public cases. All staff should be linked to an attorneys bar number. This will allow staff to view confidential documents of the attorney of record.

Name	Email	Phone Number ¹	Bar No. ²

Number of Employees in Firm/Agency:

I understand that this registration shall be renewed annually. User Id's and passwords shall not be shared and that I will notify the Mason County Clerk within five working days when I have a change in staff using the Modify Master Registration Form.

Dated this _____ day of _____ 201____.

Signature Head of Agency/Firm