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| STATE OF MICHIGAN<br>PROBATE COURT<br>KALAMAZOO COUNTY | AGREEMENT TO<br>RECEIVE NOTICE BY<br>EMAIL | FILE NO:<br><input type="checkbox"/> All Mental Health files |
|--|--|--|

File Name: \_\_\_\_\_

OR

All Mental Health files

I, \_\_\_\_\_, hereby agree to receive notice of matters from the

Kalamazoo County Probate Court by email at the following email address(es):

Email address # 1(Primary) \_\_\_\_\_

Email address # 2 (Secondary) \_\_\_\_\_

I also agree to notify the court promptly should my email address change.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature P #

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Office # Cell #

AGREEMENT TO RECEIVE NOTICE BY EMAIL