

**OFFICE OF THE OKANOGAN COUNTY CLERK**

POST OFFICE BOX 72  
OKANOGAN, WA 98840  
(509) 422-7275

**SUSAN SPEIKER, COUNTY CLERK**



**Okanogan County Superior Court Odyssey Portal  
Master Registration**

Agency/Firm:		
Mailing Address:		
City:	State:	Zip Code:
Contact Phone Number:		
Email:		

Staff within my agency/firm allowed to access and view public cases. All staff should be linked to an attorney's bar number. This will allow staff to view confidential documents of the attorney of record. Each user must have a unique email address.

Name	Email	Phone Number	Bar No.

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 Okanogan County Clerk within five working days when I have a change in staff using the Modify Master Registration Form.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature Head of Agency/Firm