



COMMONWEALTH OF PENNSYLVANIA
Department of State, Office of the Prothonotary
P. O. Box 2649 Harrisburg, PA 17105 -2649

CONSENT TO ELECTRONIC SERVICE

I am the Respondent, Licensee or Applicant named below, or I am authorized to accept service on behalf of that person/entity. I hereby consent to receive service of notices and documents, to include orders, in my case by means of the email address provided below. I affirm that:

1. I have regular access to my email account and to the internet and will check my email account regularly so that I do not miss a case filing or notice.
2. I understand that by consenting to electronic service, I will no longer receive the same documents in paper form by mail.
3. I will promptly notify the Department of State, Office of Prothonotary if there is any change in my personal data, such as name, address, or email address.
4. I understand that I may cancel this consent to electronic service at any time by notifying the Department of State, Office of Prothonotary in writing.

Case Name and Docket Number: _____

Respondent/Applicant/Licensee Name:

Attorney Name and ID Number (if applicable): _____

Mailing Address:

Phone Number: _____

Email Address: _____

Signature: _____ Date: _____

Email completed form to: **RA-Prothonotary@pa.gov**

Please note that a Hearing Examiner may, using discretion, require service by non-electronic means under certain circumstances.