



JOHN D. KINARD
DISTRICT CLERK GALVESTON COUNTY

Request for Copies of Documents

Date of Request: _____ Case No. _____

Style: _____

Name of Document to be copied: _____

Certified Copies **Non-Certified Copies**

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METHOD OF PAYMENT: Cash Escro-Whom: _____
 Check (No personal over \$50) Credit Card/Confirmation #: _____

Copies are to be: Picked up Mailed

Person requesting copies: _____

Firm Name: _____

Phone #: _____ Contact Person: _____

To obtain certified, non-certified or exemplified copies by mail, return the completed request form and include a self-addressed stamped envelope with the proper postage.
(Usually postage consists of one stamp for every five pages)

Name and address copies are to be mailed to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____