Request for Copies of Documents Date of Request: _____ Case No. ____ Name of Document to be copied: Certified Copies Non-Certified Copies Total number of copies: _____ Total price of copies: _____ ADDITIONAL NOTES TO CLERK: Escrow-Account # **METHOD OF** Cash **PAYMENT:** ☐ Check (No personal over \$50) ☐ Credit Card/Confirmation #: ☐ Mailed Copies are to be: Picked up 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: Address:

City: _____ State: ____ Zip: ____