

RECORD REQUEST FORM

Person/Orga	nization making Request:		
Contact Pers	on:		
Address:			
	ip:		
Phone: Fax:		_Fax:	
E-Mail Addre	ss:		
Information F	Requested:	Format:	
Record	Recording		
🔲 Marriag	Marriage License		
Domes	Domestic Partnership		bal)
Dog Lic	cense	Details:	
Other:			
Scope of this I	Request:		
_	-):		
	Range:		
_	ent Number(s):		
Delivery Meth Mail X E		Will Call/Over the Cour	iter 🛛 Verbal
This Section is for Staff Use Only			
Cost or Estima	ite:	Qty	Cost
Hardcopies and PDF - \$0.25 per page		e	\$
Transmi	ssion (Mail, Fax or Email) - \$3	per	\$
Search/Report - \$3.75 per search/report			\$
Extended Research - \$10 per ¼ hour			\$
Certified Copies - \$3.75 certification fee:			\$
Total Cost/Estimate:			\$

PLEASE NOTE: Orders will be processed as soon as possible following the receipt of request and transmitted after payment is processed. Please, fill in this form as completely as possible.