

Dallas County Clerk



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COPY REQUEST FORM

PLEASE PRINT CLEARLY

PLEASE ALLOW 2 TO 5 BUSINESS DAYS TO COMPLETE YOUR REQUEST
FEES MUST BE PAID IN ADVANCE

INFORMATION REQUESTED

- 1 Today's Date _____
- 2 Cause Number _____
- 3 Plaintiff
VS _____
- 4 Defendant _____
- 5 Document(s)
Requested _____
- 6 Other _____

CUSTOMER INFORMATION

1. Name _____
2. Phone Number _____
3. Address _____
4. City _____
5. State _____
6. Zip Code _____
7. Email _____

___ I will pick up my copies upon full receipt of payment.

___ Please mail me my copies upon full receipt of payment.

___ Enclosed is my check, money order, or cash in the amount of \$5.00 to begin the services requested above. I understand additional fees can apply and I will be responsible for paying those fees before receiving my copies.

OFFICE USE ONLY

| FEES | | | Amount | TOTAL | Request form received on: _____ By: _____ Deputy Copies prepared on: _____ By: _____ Deputy |
|------------|--|-----------|--------|-------|--|
| \$5.00 | Search Fee to ascertain the existence of an instrument/record requested: | GC 51.318 | | | |
| \$5.00 | Search Fee to locate cause number, if not provided: | GC 51.318 | | | |
| \$10.00 | Retrieval Fee for files/records located in off-site storage: | GC 51.319 | | | |
| \$1.00 | Per page # of pages: _____ | GC 51.318 | | | |
| TOTAL FEES | Amount Received _____ | | | | |
| | Remaining Balance _____ | | | | |

1st Notification: Date: _____ Time: _____ Comments: _____

2nd Notification: Date: _____ Time: _____ Comments: _____