

**HERNANDO COUNTY, CLERK OF CIRCUIT COURT
20 NORTH MAIN STREET, ROOM 161 - BROOKSVILLE, FL 34601
(352) 540-6768 FAX: (352) 754-4243**

**REQUEST FOR
"CLERK'S CERTIFICATE"**

Date: _____

IDENTIFY THE O.R. BOOK & PAGE NUMBER OF THE DOCUMENT BEING CORRECTED:

OR BOOK#: _____ PAGE NUMBER(S): _____

PLEASE IDENTIFY (CHECK BELOW) THE PURPOSE/REASON FOR THE CLERK'S CERTIFICATE:

- Missing or Incorrect "Subdivision Name" on original recorded document
- Missing or Incorrect "Lot/Block/Unit Number" on original recorded document
- Missing or Incorrect "Plat Book & Page Number" on original recorded document
- Other: _____

PLEASE TELL US WHAT THE CORRECTED INFORMATION SHOULD BE (For Example: The certificate is being recorded to show that Lot 25, Blk 20, Berkeley Manor Blks 19 & 20 is recorded in Plat Bk 20, pgs 15 & 16.):

CLERK FEES: (NOTE: All fees for preparing/issuing a Clerk's Certificate must be submitted/paid/collected in advance before the certificate can be prepared. If you are not paying by escrow account, then you will be notified by this office of the total fees to submit).

ORB Copies: \$ 1.00 per page
Prepare Certificate \$ 7.00 per certificate
Plat Copies (small) \$ 1.00 per page

METHOD OF PAYMENT:

- CASH CHECK BILL ESCROW ACCT

(Customer Name & Address MUST be provided below)

_____ (Customer and/or Escrow Acct. Name)
Phone: _____ **Fax:** _____ (Phone Number & FAX Number)
_____ (Customer Address)
_____ (City, State, Zip)

PLEASE IDENTIFY HOW YOU WOULD LIKE TO RECEIVE THE COMPLETED CERTIFICATE:

- Mail to above address
- Place in customer "hold file" located in Recording
Customer will pick-up (call when ready)

Customer Signature (note: must be signed if payment is billed thru customer escrow acct.)

Recording Use Only	Date Received: _____ Date Completed: _____
	Supv. Review (Initials): _____ Receipt No. _____