

COPY/SEARCH – REQUEST FORM

DATE: _____ TIME: _____ RECEIPT # _____

BILL TO ESCROW ACCT Recording or Civil EXEMPT per F.S. 28.345 or F.S. _____

BILL TO OTHER COUNTY DEPT (Note: Must have check requisition attached)

CASH CHECK ~ VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Note: There is a 3.5% Service Charge for payment by credit cards.

(Complete for Escrow Accts., Credit Cards, Or For Records not immediately available for inspection/copies)

CREDIT CARD NUMBER: _____ & Security Code _____

EXPIRATION DATE: _____ & Billing Address Zip Code _____

CUSTOMER NAME on Credit Card (exactly how it appears on card) _____

CUSTOMER TELEPHONE # (Residence/Business Only) _____

ESCROW ACCT. Name (if applicable) _____

MAILING ADDRESS: _____ APT./STE# _____

CITY _____ STATE _____ ZIP _____

INDICATE:	Case#/Case Type Plat Book/Page(s) Name (for MVR) Name(s) & Years to be Searched	COPY PAGES AS INDICATED				
		COPY	ENTIRE FILE	CERTIFY	FAX	E-MAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

- | | |
|---|---|
| <input type="checkbox"/> COPIES @ \$1.00 EACH (Court records or Official Records) | <input type="checkbox"/> COPIES @ .15 EACH |
| <input type="checkbox"/> COPIES @ \$.20 EACH (Internal Revenue Service) | <input type="checkbox"/> CERTIFICATIONS @ \$2.00 EACH |
| <input type="checkbox"/> TRAFFIC MVR REPORT @ \$7.00 EACH | <input type="checkbox"/> FAX FEE @ \$.25 PER PAGE (Long Distance Only) |
| <input type="checkbox"/> SEARCH FEE @ \$2.00 PER NAME, PER YEAR | <input type="checkbox"/> Plat Tubes @ \$3.50 each (holds up to 20 rolled pages) |
| <input type="checkbox"/> PLAT COPIES @ \$5.00 EACH _____PAPER Copy or _____Electronic Image (.tif format) & send via _____email _____disk _____ed | |

PICK-UP BY CUST MAIL FAX TO: _____ E-MAIL TO: _____

TOTAL # OF COPIES: _____	TOTAL COPY FEE: _____	\$ _____
TOTAL # CERTIFIED: _____	TOTAL CERTIFIED FEE: _____	\$ _____
TOTAL # PAGES FAXED: _____	TOTAL FAX FEE (Long Distance Only): _____	\$ _____
TOTAL #NAMES/#YEARS SEARCHED: ____/____	TOTAL SEARCH FEE: _____	\$ _____
TOTAL #PLAT COPIES: _____	TOTAL PLAT COPY FEE: _____	\$ _____
TOTAL #MVR REPORTS: _____	TOTAL MRV REPORT FEE: _____	\$ _____
Customer Initials (Escrow Accts): _____	POSTAGE (for mailing): _____	\$ _____
Location: __FR__RSF__RC	SPECIAL PACKAGING (for Mailing): _____	\$ _____
	CREDIT CARD SVC. CHR: _____	\$ _____
	TOTAL COST:	\$

DATE COPY REQUEST COMPLETED: _____ DEPUTY CLERK’S INITIALS: _____