

COPY REQUEST FORM

DATE: _____

CLERK RECEIVING REQUEST:

FEES/DEPOSIT PAID \$_____

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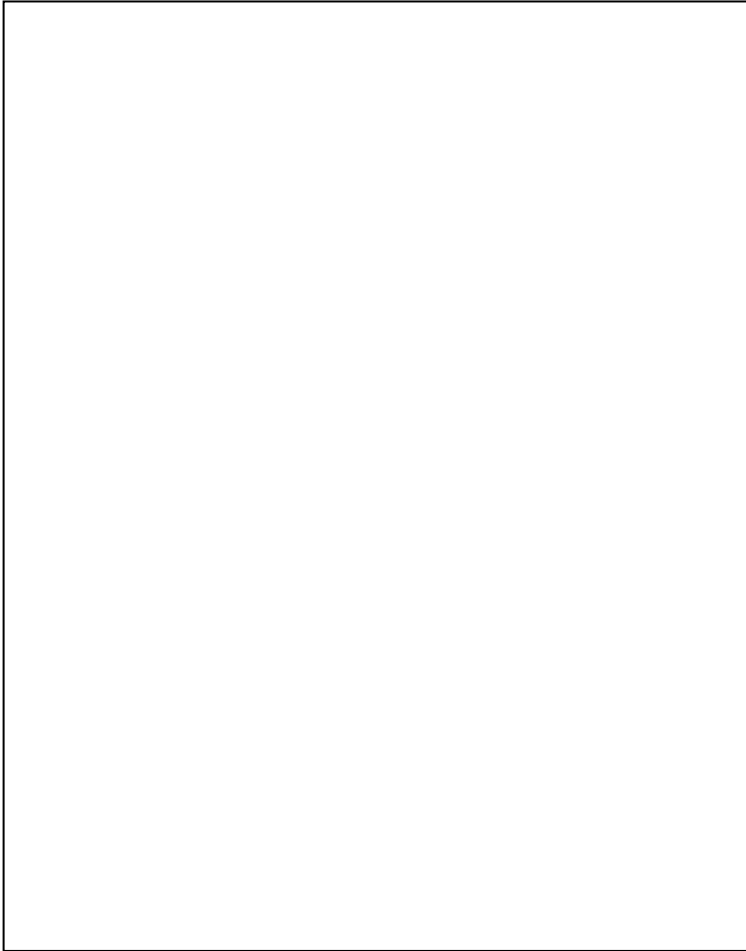
CASE NUMBER: _____

YEAR FILED : _____

TYPE OF CASE: Civil Probate

Small Claims

CASE
NAME: _____



PERSON REQUESTING COPIES: _____

PHONE: _____ **EMAIL:** _____

MAILING ADDRESS: _____

CITY/ZIP CODE: _____

DO YOU WANT RECORD MAILED? NO YES FEES PAID for mailing

Postage & Envelope Fees: 8 pages or less = \$1.00/ sm env; 9-15 pages = \$2.00/ med env; 15-20 pages = \$3.00/ lg



_____ COPIES CERTIFIED

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NOTES:

DATE PARTY NOTIFIED; FILE/RECORD LOCATED: _____