

**RESEARCH COPY REQUEST**

ALL COPY REQUESTS ARE SUBJECT TO 24 TO 72 HOUR TURNAROUND BASED ON:  
 TIME TURNED IN – AVAILABILITY OF PERSONNEL – VOLUME OF WORK REQUESTED  
**PAYMENT BY CHECK REQUIRES NAME, ADDRESS, PHONE NUMBER ON CHECK  
 PLUS DATE OF BIRTH & DRIVER LICENSE NUMBER OF PERSON SIGNING THE CHECK**

DATE: \_\_\_\_\_

**FORT BEND COUNTY CLERK: FAX NUMBER 281-238-2290**

NAME OF PERSON/COMPANY REQUESTING: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

IF ORDERING CERTIFIED COPIES, PLEASE CHECK ONE (1): \_\_\_\_ CERTIFIED ON BACK OF EACH PAGE  
 \_\_\_\_ CERTIFIED ON FRONT OF EACH PAGE POSSIBLE/ALL OTHERS ON BACK

INSTRUMENT # OR BOOK TYPE	VOL/PG #	PRINT QUEUE #	(C) CERTIFIED (P) PLAIN	PAGE COUNT	AMOUNT DUE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

ESCROW USERS: PLEASE FILL IN ACCOUNT NO. \_\_\_\_\_ IF YOU WISH TO CHARGE REQUEST. THE REQUEST MUST BE SIGNED BY SOMEONE ON THE ACCOUNT. YOUR SIGNATURE BELOW AUTHORIZES THE STAFF TO CHARGE THE COST OF THIS REQUEST TO YOUR ACCOUNT.

PLEASE: \_\_\_\_ MAIL \_\_\_\_ HOLD FOR PICKUP \_\_\_\_ FAX PLAIN COPIES FOR ADDITIONAL CHARGE  
**MAIL OUT DATE BY CLERK** \_\_\_\_\_

**ALL REQUESTS MUST BE SIGNED.**

- \*\*I agree to redaction (visual cover) of confidential information from the documents.**
- \*\*I do not agree to redaction. I understand not agreeing to this will delay delivery of data/images.**

**X** \_\_\_\_\_  
**SIGNATURE OF PERSON REQUESTING \*\***

ORDER FILLED BY: \_\_\_\_\_ RECEIPT # \_\_\_\_\_ AMOUNT DUE \$ \_\_\_\_\_

**REQUEST IN EXCESS OF \$40.00 FOR DOCUMENTS FILED AFTER 01-01-95 MAY HAVE A LESS EXPENSIVE ALTERNATIVE – SEE STAFF FOR DETAILS.**

**WAIVER:**  
**I HEREBY WAIVE MY RIGHT TO RECEIVE AN ESTIMATE OF CHARGES BEFORE THIS COPY REQUEST IS PROCESSED.**

\_\_\_\_\_  
 SIGNATURE OF PERSON REQUESTING