FORT BEND COUNTY CLERK'S OFFICE
CIVIL COPY REQUEST

DATE:_____ CAUSE NUMBER:_____

_____

VS

_____

Name of Person/Company Requesting:_____

Address:_____

Telephone:_____

_____CALL FOR PICKUP CALLED CUSTOMER FOR PICKUP ON _____
_____HOLD FOR PICKUP
_____MAIL WHEN READY

Please Check One (1):

_____ Non-Certified Copy
_____ Certified Copy

List of Copies Needed:

Number of Pages	Copy Of	
_____	Petition	
_____	Citation	
_____	Answer	
_____	Judgment	
_____	Other:	_____
_____	Other:	_____
_____	Other:	_____
_____	Other:	_____

Escrow Users, Please Check One (1): _____ Do Not Charge to my Account

_____ Charge to my Account Number _____

***** If you pay by check, the following is required: Printed name, address & phone number on the check**
Date of birth and driver's license number of signer.

ALL REQUESTS MUST BE SIGNED.

Confidential information may be redacted from the document requested.

_____
Signature of Person Requesting

Made By: _____ Amount Due: $_____ Date:_____, _____
Initials

CASH_____CHECK #_____RECEIPT #_____