



Dwight D. Sullivan
County Clerk Galveston County

Request for Copies of Documents

Date of Request: _____ Case No. _____

Style: _____

Name of Document to be copied: _____

Certified Copies **Non-Certified Copies**

Total number of copies: _____ Total price of copies: _____

ADDITIONAL NOTES TO CLERK: _____

METHOD OF PAYMENT: Cash Escrow-Account # _____
 Check (No personal over \$50) Credit Card/Confirmation #: _____

Copies are to be: Picked up Mailed

Person requesting copies: _____

Firm Name: _____

Phone #: _____ Contact Person: _____

To obtain certified, non-certified or exemplified copies by mail, return the completed request form

Name and address copies are to be mailed to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____