WILL-CALL/MAIL ORDER FORM FOR COPIES
NO PERSONAL CHECKS ACCEPTED
$1.00 PER PAGE FOR ALL COPIES

Automatic Tellers Available at 1001 Preston, 1st Floor

TO BE COMPLETED BY THE CUSTOMER (PLEASE PRINT):

CAUSE NUMBER: _____

STYLE: _____ VS. _____

SPECIFY: ☐ CERTIFIED or ☐ UNCERTIFIED

☐ PICK UP or ☐ MAIL **(PLEASE PROVIDE SELF-ADDRESSED, STAMPED ENVELOPE)**

NEED COPY OF (*PLEASE CHECK*):

☐ DECREE/JUDGMENT NUMBER OF COPIES _____

☐ ORDER(S)/ DATE SIGNED: _____ NUMBER OF COPIES _____

☐ OTHER, PLEASE SPECIFY: _____

_____ NUMBER OF COPIES _____

_____ NUMBER OF COPIES _____

IF TENDERING CASH, PLEASE INDICATE THE PAYOR'S NAME YOU WISH RECEIPT TO BE MADE OUT TO:

_____

CUSTOMER'S NAME (Please Print): _____

ATTORNEY'S BAR NO. _____ **LAW FIRM'S I.D. NO:** _____

ADDRESS: _____

PHONE NUMBER: (_____) _____ **CELLULAR PHONE: (_____)** _____

PAGER NUMBER: (_____) _____

Indicate Form of Payment:

☐ **CASH: _____**
Amount Given To Clerk

☐ **CREDIT CARD: _____** **Credit Card Expiration: _____**
Credit Card Type

☐ **MONEY ORDER/CASHIER'S CHECK Type: _____** **Number: _____**

NOTICE:

1. **Advance payment of copies is required prior to copies being made.**
2. **Orders over sixty (60) pages might require more than 24 hours to complete.**

When requesting certified copies by mail, return this completed request form with payment to:

CHARLES BACARISSE, HARRIS COUNTY DISTRICT CLERK
P. O. BOX 4651
301 Fannin, Room 105
HOUSTON, TEXAS 77210-4651

FOR DISTRICT CLERK'S USE ONLY

NUMBER OF COPIES: _____ NUMBER OF PAGES PER COPY: _____

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LOCATION OF FILE: _____ ORDER TAKEN BY: _____

TOTAL NUMBER OF PAGES: _____ TRANSACTION NUMBER: _____

NUMBER OF PAGES VERIFIED BY: _____ RECEIPT NUMBER: _____

SPECIAL INSTRUCTIONS: _____

_____