

RECORD SERVICES - TRANSMITTAL

Date: _____
Time: _____

Customer/Account Name: _____

Escrow Account # (if applicable): _____

Address: _____

Phone and/or e-mail address: _____

Instructions:

- Recording and Index/Photocopy transactions require separate transmittals
- Must include sufficient payment OR have sufficient funds in escrow
- Large and/or time consuming orders must be scheduled for completion
- Orders must be picked up and signed for within 2 weeks of order date

Ordered _____

Index/Photocopy Transactions (Ordering copies/searches/CD-ROMs)

<u>Photocopy Use Only</u>	Official Records Provide book/page and/or search name if applicable	Court Documents Please order only one case per order form Provide <u>ENTIRE</u> case number, including <u>file type</u> and <u>division</u> Specify pleading by "Docket Entry Number" Example: 502013CA0001234XXXXAD – D.E.#'s 1 & 3	Plats Provide plat book/page number. Specify book type if other than Subdivision.
<u>O.R. Copies</u> <input type="checkbox"/> Image <input type="checkbox"/> Film <input type="checkbox"/> Screens <u>File Copies</u> <input type="checkbox"/> Cir Civ <input type="checkbox"/> Fam/Sup <input type="checkbox"/> PR/Gd <input type="checkbox"/> D.S. <u>Plat Copies</u> <input type="checkbox"/> L.S. <input type="checkbox"/> Bond <input type="checkbox"/> Vellum <u>Services</u> <input type="checkbox"/> Cert <input type="checkbox"/> Exemp <input type="checkbox"/> Not <u>Index</u> <input type="checkbox"/> Sch Fee <input type="checkbox"/> Cert-Rec <u>Other</u> <input type="checkbox"/> Postage <input type="checkbox"/> Misc. <u>Order Total</u> \$ _____	<u>Specify Service(s)</u> <input type="checkbox"/> Entire Document <input type="checkbox"/> Only page indicated <input type="checkbox"/> Certified <input type="checkbox"/> Exemp. – within U.S. <input type="checkbox"/> Exemp. – outside U.S. <input type="checkbox"/> CD-ROM – Index <input type="checkbox"/> CD-ROM – Images <input type="checkbox"/> Search Name* <input type="checkbox"/> Search Legal desc.* From _____ to _____. *Date range required	<u>Specify Service(s)</u> <input type="checkbox"/> Entire Pleading(s) <input type="checkbox"/> As indicated above <input type="checkbox"/> With attachments, if any <input type="checkbox"/> Certified <input type="checkbox"/> Exemplified – within U.S. <input type="checkbox"/> Exemplified – outside U.S. <u>Docket Sheets</u> Entire Case No. _____ <input type="checkbox"/> Entire Docket Docket entry date range required From _____ to _____	<u>Specify Service(s)</u> <input type="checkbox"/> Entire Plat <input type="checkbox"/> Only page indicated <u>Specify Service(s)</u> <input type="checkbox"/> Legal (8½" x11") <input type="checkbox"/> Bond (24" x 36 ") <input type="checkbox"/> Vellum (24"x36")

Signature:	Mail completed form and payment to: Joseph Abruzzo, Clerk of the Circuit Court & Comptroller Records Service Center - P.O. Box 4526 West Palm Beach, FL 33402-4526 If you need assistance, please call 561-355-2932	Pick up address: CD-ROM orders 205 North Dixie Highway Record Services 4th floor – Room 4.2500 West Palm Beach, FL	Pick up address: Photocopy/Search Requests 205 North Dixie Highway Photocopy 4th floor – Room 4.2500 West Palm Beach. FL
For service charges and fees, visit: www.mypalmbeachclerk.com			