

Office Use Only

Date requested:
Received by:
Remaining fees due:

Name of Requestor: _____

Phone # of Requestor: _____

List the following information for the document you are requesting:

Instrument #: (or book/page)	Recording Year:	Document Type:	Name(s):	Location Fees Paid	
				Reg	Cert
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Document location fee & Certification fee are due at time of request.

FEES (ORS 205.320 – includes domestic US first class postage)

Emailed copies: \$3.75 per document.

Staff-made copies: \$3.75 location fee + \$.25 per page

Certified copies: \$3.75 location fee + \$3.75 certification fee + \$.25 per page

SELECT ONE

Pick Up Document (Staff-made require additional processing time.)

Email _____

Mail copies to: **write legibly on the lines below** (this will be your mailing label)
