

## Office of the County Recorder Debbie Conway Clark County Recorder

## REQUEST FOR OFFICAL RECORDS MAIL ORDER FORM

Do not use this form to order a Marriage Certificate

## **INSTRUCTIONS**

- 1. Complete and verify the document information section below. Provide the book and instrument number(s) of all document(s). Indicate the number of copies; calculate the fee and send the correct amount of money in the form of a cashier's check or money order (payable in U.S. dollars). Cash or personal checks are NOT accepted. If the document you are requesting was recorded prior to 1988, please e-mail <a href="CCOROrder@ClarkCountyNV.gov">CCOROrder@ClarkCountyNV.gov</a> and request a page count. Please note: The Recorder's Office is unable to process orders without the proper amount.
- 2. The fee for each copy is \$1.00 per page. A Certified copy is an additional \$4.00 per document.
- 3. Make cashier's check or money order payable to Clark County Recorder. DO NOT SEND CASH!
- 4. Complete the Requestor information section.
- 5. Mail this form and payment to:
- 6. (Foreign issued money orders or checks not accepted)

Bartar Harte are (N. 1111)

Clark County Recorder Attention: Records Request Box 551510 Las Vegas, NV 89155-1510

Document Request Information (Please Print Clearly)

| If you need additional space, please use additional forms.  Total Pages x\$1.00 = No. of Certified Copies x\$4.00 = Total Cost =  Requestor Information/ Mail Copies To: (Please Print Clearly)  Name: Address: | Book and Instrument Number                     | Copies                             | (Each Copy)  | Copies x Pages | Yes or No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------|--------------|----------------|-----------|
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| eMail Address:                                                                                                                                                                                                  | ail Address:                                   |                                    |              |                |           |
| (In case we have questions processing your order)                                                                                                                                                               | case we have questions processing yo           | our order)                         |              |                |           |

Please allow 7-10 business days to receive your order.

No. of No. of Pages Total Pages =