



Office of the County Recorder
Debbie Conway
Clark County Recorder

RECORDING ROUTING SLIP

PLEASE PRINT CLEARLY

QUEMATIC #: _____ DATE: _____ TIME: _____ AGENT CODE #: / _____

REQUESTOR OR CUSTOMER NAME: _____

Name to appear on Recording Label and Receipt

CONTACT NAME: _____ PHONE: _____

Company: _____

Attention: _____

Address: _____

City/State: _____ Zip: _____

SPECIFY NUMBER OF DOCUMENTS IN THIS TRANSACTION: _____

4- 25 Documents (R TICKETS)
No more than 25 documents per transaction for waiting customers only

Maximum amount of 50 documents per transaction (D TICKETS)
Drop-off 8:00 a.m. - 10:00 a.m. Pick-up next day after 4:00 p.m.

SPECIFIC RECORDING INSTRUCTIONS:

TYPE OF PAYMENT(S):

CHECK/MONEY ORDER # _____ CASH ESCROW OTHER

CREDIT/DEBIT CARD (Order costs will include 2% plus \$1.25 third party processing)

RETURN DOCUMENTS:

MAIL-BACK

INTEROFFICE

WAIT/RETURN

OTHER _____

PICK-UP next day after 4:00 p.m. (D Tickets Only)

Received by: _____