***REQUEST FOR COPIES***

**Phone: 409-246-5150**

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**dana.hogg@co.hardin.tx.us**

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| **Dana Hogg****Hardin County District Clerk****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****P.O. Box 2997** **Kountze, Texas 77625**  |  |

Customer's Name:

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: State:

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:

Email:

Civil Cause #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Criminal Cause #:

Name of Plaintiff:

Name of Defendant:

Date of Document to be copied: Number of copies:

Description/Title of Document:

Type of delivery: \_\_\_\_ Pick-up \_\_\_\_ Mail (postage fees will be applied)

***CREDIT CARD PAYMENT AUTHORIZATION FORM***

**Note: (There will be a 2.65% fee accessed for each transaction, minimum of $3.00.)**

(**If you are requesting that we mail you a receipt, please add $1.00.)**

Amount of Payment: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt: Yes or No (circle one)

I hereby authorize the District Clerk to charge my credit card for payment of the services requested above:

Credit Card Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Card Number:

Date of Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code:

Name as it Appears on Credit Card:

Cardholder Address :

Phone:

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_