

**DANA HOGG
HARDIN COUNTY DISTRICT CLERK**



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Kountze, Texas 77625

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REQUEST FOR COPIES

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 assessed 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: _____