

# COPY REQUEST WITH CREDIT CARD ORDER

**This form may not be used to order a vital record.**

Official Records     Maps     Other: \_\_\_\_\_

Document #	Book/Page	Name on Document	# of pages	Certified Copy	Clerk Use Fees

Name on Credit Card \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expires: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Please email my request to: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

Please fax your request to 530-621-2147 or email it to [recorderclerk@edcgov.us](mailto:recorderclerk@edcgov.us)

----- Clerk Notes: -----

Completed: \_\_\_\_\_

Clerk Initials: \_\_\_\_\_

Receipt Number: \_\_\_\_\_