VAL VERDE COUNTY CLERK'S OFFICE
RECORDS REQUEST FORM

Submit Form

(Note: Document Preparation may take up to 10 Business Days.)

1. FILL OUT ORDER FORM INFORMATION EMAIL ☐ TELEPHONE ☐ FAX ☐ IN PERSON ☐

Your Contact Information is Required:

* Order Date: _____
*Company Name: _____
*Requestor's Name : _____
*Address: _____
*City, State , Zip: _____
*Telephone: _____
*Email: _____

INFORMATION REQUESTED:

_____
_____
_____
_____

2. FILL OUT REPORT DELIVERY OPTIONS.

☐ Pick-Up: _____
☐ Mail to: _____
☐ Email to: _____
☐ Fax to: _____

_____ _____
Customer Signature ***Date***

Public Records Request:

The Val Verde County Clerk's Office does not assume any liability for the accuracy of the information contained in recorded documents.

_____

I hereby request copies of the following Public Record(s):

☐ Judgments (Property)▼ ☐ Marriage
☐ Criminal ☐ Probate
☐ Elections * ☐ Property▼
☐ Federal Tax Liens▼ ☐ State Tax Liens ▼
☐ Others (specify) _____

▼*These records may be searched online at* www.texaslandrecords.com.
(Property Records from 1982 to the Present)

***TEXAS ELECTION CODE, SECTION 18.009**
UNLAWFUL USE OF INFORMATION ON REGISTRATION LIST:

a) A person **COMMITS AN OFFENSE** if the person uses information in connection with **advertising or promoting commercial products or services** that the person knows was obtained under Section 18.008.

b) An offense under this section is a **Class A misdemeanor:**
1. a fine not to exceed $4,000.00;
2. confinement in jail for a term not to exceed one year;
3. or both such fine and confinement

Note: Any request for election related material must be reviewed/approved by the County Clerk or Elections Deputy prior to any preparation/release of the information.

FOR OFFICE USE ONLY: Fees / Costs *

$ 10.00 per request (non-refundable) ☐
Charged if Recording info is not provided.
$1.00 per page #_____pgs. ☐
$5.00 per document #_____pgs. ☐
$25.00 per request (off-site storage) ☐
***Payment and/or a deposit may be required prior to preparation.**

Order Taken by: _____

Payment Information:

Amount Due : $ _____
☐ Cash ☐ Credit Card ☐ Money Order

Receipt #:_____

For Internal Use Only

Administrator's Authorization: _____ (Signature) _____ (Date)
Prepared By: _____ (Signature) _____ (Date)
Verified By: _____ (Signature) _____ (Date)

Approved ☐ Denied ☐

If you have a special need or disability please notify us immediately concerning requests for reasonable accommodations.

AS OF 8/4/17