

PAM THORP

SUTTON COUNTY & DISTRICT CLERK
300 E. OAK, SUITE 3
SONORA, TX 76950



PH: 325-387-3815

www.co.sutton.tx.us

county.district_clerk@co.sutton.tx.us

**DEED & OFFICIAL PUBLIC RECORD (OPR)
RECORD REQUEST/SEARCH FORM**

- Copies are \$1.00 per page and \$5.00 to certify per document if needed. If the document is to be faxed or emailed, an additional \$1.00 per page is applied.
- Payments are to be made by cash, check, money order or credit card. Credit card charges are subject to a 2.85% transaction fee of the total amount charged with a \$1.00 minimum.
- Fully complete the request form and return to the Sutton County & District Clerk using the information above. **Searches will not be performed if the form is incomplete.** A Certificate of Search will be provided for search results.
- Please allow up to 5 business days for your request to be completed. However, normal completion time is 1-2 days.

INSTRUMENT INFORMATION

Volume: _____	Instrument Number:		
Page: _____			
<input type="checkbox"/> Plain Copy (\$1.00 per page) OR <input type="checkbox"/> Certified Copy (\$1.00 per page + \$5.00 to certify)		<input type="checkbox"/> Mail the record (no additional fee) <input type="checkbox"/> Email or Fax the record (additional \$1.00 per page. Certified Copies cannot be emailed or faxed)	
<p>ONLY COMPLETE THE FOLLOWING SECTION IF YOU DO NOT HAVE VOL - PAGE &/OR INSTRUMENT NUMBER</p> <p>**If you do not know the volume & page and/or instrument number of the document you are requesting, this office must perform a search. We will not search records prior to June 1, 1992. There is a \$10.00 fee payable BEFORE the record search will be done.</p>			
Grantor (One Name Per Form):		Document Type:	
Grantee (One Name Per Form):		Document/Recorded Date or Range of Dates	
Optional Additional Information:			

APPLICANT INFORMATION (type or print clearly)

Name: _____ **Date:** _____

Mailing Address: _____

Street Address _____ City _____ State _____ Zip _____

Phone Number: _____ **Email :** _____

Fax Number: _____

If requesting records be delivered by fax. _____

CREDIT CARD INFORMATION

*****CREDIT CARD INFORMATION WILL BE REDACTED FROM THIS FORM UPON CONFIRMATION OF PAYMENT*****

Card Type....select one:	VISA	Master Card	Discover	AmEx
Card Number:				
Security Code 3 Digit Number on Back of Card:			Expiration Date:	
Full Name As Appears On Card:				
Billing Address:				Billing Zip Code: