

# Justin Crigler

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## FAX REQUEST FORM

(NO PHONE CALLS PLEASE)

**Faxes are \$2 per page.**

(There is an additional service charge of 2.75% for use of credit cards)

DATE: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

### CREDIT CARD INFORMATION

Credit Card Number (optional -you can enter card number or call with the number after faxing request):  
\_\_\_\_\_

MasterCard  Discover  American Express  Visa Card Exp. Date: \* \_\_\_\_\_

Billing Street Address & Zip Code: \* \_\_\_\_\_

3 Digit Security Code\* \_\_\_\_\_

x\* \_\_\_\_\_ x\* \_\_\_\_\_  
SIGNATURE PRINTED NAME OF CREDIT CARD HOLDER

### PLEASE PROVIDE THE FOLLOWING INFORMATION:

OWNER(S) FULL NAME: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

BOOK TYPE: \* \_\_\_\_\_ BOOK NUMBER: \* \_\_\_\_\_ PAGE NUMBER: \* \_\_\_\_\_

GROUP: \_\_\_\_\_

CABINET/PLAT SLIDE NUMBER \_\_\_\_\_ (IF REQUESTING A PLAT)

Full Document:  OR Legal Only:

\*INDICATES A REQUIRED FIELD CANNOT FILL REQUEST WITH OUT THIS INFO.

### **WE ARE UNABLE TO SEARCH RECORDS**

*Only requests containing specific book/page numbers will be processed.*

We reserve the right to process your request within 24 hours of receipt.

Your Credit Card will be charged \$2.00 per page plus service fee.

Please make copies of this form for your future fax request use.

Clerk Use Only:

# of Pages \_\_\_\_\_ Amount Charged \$ \_\_\_\_\_