

# **Tax Record Request Form**

Date:

#### **Your Contact Information**

Name:	
Address:	
City:	
State/Province:	
Zip/Postal Code:	
Daytime	
Phone Number:	
Email Address:	

## **Preferred Method of Contact:**

Email

finding the requested record

Phone

Notes: Provide any additional detail you think will be helpful in

### **Tax Record Requested**

Full Name of Person to be Searched	
County:	
Race:	
Date:	
Book Number,	
if known	
Page Number, if known	

#### Submit only one form & one payment at a time.

☐ I have enclosed the required fee to process this request.

Select Fee Type

### **Preferred Method of Delivery:**

Mailed copies

Certified Mailed copies

**Electronic Scans**