

PUBLIC INFORMATION REQUEST FORM

INSTRUCTIONS: Complete this form, sign it and mail to:

Leon County District Clerk, PO Box 39, 139 E. Main Street, Centerville, TX 75833 Tel: 903-536-2227

NOTICE TO REQUESTOR: This Public Information Request Form will be processed and evaluated only upon receipt of your payment. Once submitted, this request form and the information contained herein shall become a public record subject to disclosure. Please allow at least 48 hours to process after payment received.

REQUESTOR FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

COMPANY (IF APPLICABLE): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BUSINESS HOURS TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER (IF APPLICABLE): \_\_\_\_\_

PREFERRED DELIVERY: PICK-UP \_\_\_\_\_ US MAIL \_\_\_\_\_ EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

FULL NAME OF PERSON(s) TO BE SEARCHED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF RECORD\*: \_\_\_\_\_ (\*within 5 years)

Or I am attaching a list of names and case numbers to be researched \_\_\_\_\_

ADDITIONAL INFO (AKA, etc.) \_\_\_\_\_

TYPE OF CASE (CIRCLE ONE): DIVORCE/ CIVIL/ CRIMINAL/ OTHER CAUSE# \_\_\_\_\_

I HEREBY REQUEST THE LEON COUNTY DISTRICT CLERK TO MAKE COPIES OF THE FOLLOWING DOCUMENTS (LIST DOCUMENTS BELOW):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ CERTIFIED COPY NEEDED \_\_\_\_ NON-CERTIFIED COPY NEEDED

(Unless specified, searches will be from 1995 to present. Search fees are \$5 per name, per civil or per criminal search. In addition to records search fee of \$5.00, copies of court documents are \$1.00 page (certified or not) and additional \$1 to certify document. Certified copies will be sent US mail, please include a self-addressed stamped envelope with your request.)

I have enclosed (circle one): Cashier's Check/ Money Order/ TX Personal Check (with TDL#, DOB & phone) / Credit Card [certifiedpayments.net](http://certifiedpayments.net) / Cash (in person)

Mail copies to: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_