

PAM THORP

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**DEED & OFFICIAL PUBLIC RECORD (OPR)
RECORD REQUEST 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.
- Please allow up to 5 business days for your request to be completed. However, normal completion time is 1-2 days.

INSTRUMENT INFORMATION

Volume: _____ Page: _____ Volume: _____ Page: _____ Volume: _____ Page: _____ Volume: _____ Page: _____	Instrument Numbers:
<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)
ONLY COMELETE THE FOLLOWING SECTION IF YOU WANT TO PROVIDE THE INFORMATION FOR CROSS REFERENCE!	
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:	_____