



RECORDED DOCUMENT REQUEST FORM BY MAIL

COPY & CERTIFICATION FEES (CAL. GOV. CODE § 27366, 27364)

- 1. Copy of recorded documents (cost per page for pages 1 through 3) \$ 3.00
 additional cost per page beyond page 3 of same document..... \$.50
- 2. Copies of recorded maps (first page)..... \$ 5.00
 additional cost per page beyond page 1 of same map \$ 3.00
- 3. Certification (per document)..... \$ 1.00

In order to process your document request, please provide all information indicated below. If you are not sure of the number of pages within the document, you may write on your check, below the amount line, "NTE" for "Amount Not To Exceed" and indicate a dollar amount. The Recorder staff will write in the exact amount in the dollar amount line and complete the second line on your check to indicate the exact amount to be charged to your bank account. Acceptable payments are pre-printed name and address (no P.O. Boxes or Out-of-State), CA drawn bank check or money order/Cashier's Check payable to the "San Francisco Assessor-Recorder". Please DO NOT send cash. Mail this completed request form and payment to the:

San Francisco Assessor-Recorder
1 Dr. Carlton B. Goodlett Place
City Hall, Room 190
San Francisco, CA 94102

Requester's Information

(PLEASE PRINT CLEARLY)

Name: _____

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City: _____ State: _____ Zip Code: _____

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Recording Date	Document #	Reel #	Image #	Do you want copy Certified?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Please allow up to five (5) business days from the date your order is received for the processing.

Date Received: _____ Date Completed: _____ Clerk: _____