

## **Request for Documents**

	Requester/Customer	Information
Name:		
Address/Return to	Address:	
City:	State:	Zip Code:
Date of Request: _	Contact #:	
	Document Informa	tion
Recorded Name: _	Grantor/Grant	tee
City:	State:	Zip Code:
Сору Туре:	Plain Copy (\$1.00 per page) Per Document	
	Certified Copy (\$1.00 per pa Per Document	ge plus an additional \$5.00 to certify)
	the information you have provide ollowing web address to research oublicsearch.us	
Make check(s) or	money order(s) payable to: <u>Nu</u>	ueces County Clerk
Mailing Address: Kara Sands		

Kara Sands
Nueces County Clerk
ATTN: Filing Department
PO Box 2627

Corpus Christi, Texas 78403

Please include an appropriate size prepaid self address stamped envelope with all request. If you have any questions please contact the Nueces County Clerk's Office at (361) 888-0580.