



WILLIAMSON COUNTY DISTRICT CLERK RECORD REQUEST FORM



Lisa David
DISTRICT CLERK

Submit completed form using any of the following designated methods:

E-mail: dcrequest@wilco.org | **Fax:** 512-943-1222 | **In Person:** 405 Martin Luther King St

US Mail: Attn:DC Records, P.O. Box 24 Georgetown, TX 78627

Requestor:	Date:
Email:	Phone:
Address:	Fax:
City, State, Zip Code:	Preferred Method of Contact:

*****Cases filed are also located on the Judicial Records website: judicialrecords.wilco.org*****
*****Official Records such as Misdemeanors, Deeds, Marriage, Birth and Death records are requested through the County Clerk's office or online: williamsoncountytexas-web.tylerhost.net/williamsonweb*****

Case/Cause #: _____

Party Name: _____

<u>Name of Document / Type</u>	<u>File Date</u>	<u>Electronic/Certified</u>	<u>QTY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- **Certified and non-certified copies on paper are \$1 per page.** Certified copies will be mailed regular USPS First Class mail.
- **Non-certified electronic copies are \$1 for up to 10 pages plus \$0.10 for each additional page.** Non-certified copies can be emailed or faxed to the information provided above.
- Documents sealed by order or statute will not be provided unless permitted by law. Copies will not be mailed to a third-party.
- Please allow up to 3 days for your request to be completed. To avoid any delays in this request we ask that you DO NOT call the clerk prior to the completion date.
- Payment can be made by cash, money order, or credit card. American Express or personal checks are not accepted.
- Credit card charges are subject to a \$5 minimum service fee per transaction. **Effective 1/1/23, all credit card transactions will be charged a \$2 convenience fee.**
- This office will not reimburse fees and is not responsible for fees associated with duplicate submissions.

Payment method:	Cash/Money Order	MasterCard	<input type="radio"/> Visa	<input type="radio"/> Discover
Name on credit card:	Credit/Debit Card No.:			
Amount Authorized Not to Exceed:	\$25.00	35.00	50.00	Other \$
Billing Phone #:	Exp. Date:	3 – digit Security Code:		
Signed Name of Authorized Person:				

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.
NOT COMPLETING THE FORM PROPERLY COULD KEEP YOUR REQUEST FROM BEING PROCESSED IN A TIMELY MANNER.