



To be completed by court personnel only

Receipt Number:			
**Off Site Retrieval Fee:		x \$10.00 =	TOTAL RETRIEVAL FEES
**Search Fee (increments of 10 minutes):		x \$15.00 =	TOTAL SEARCH FEES
Copy Fee:		x \$00.50 =	TOTAL COPY FEES
**Certification Fee:		x \$40.00 =	TOTAL CERTIFICATION FEES
**Postage:			TOTAL POSTAGE
<b>TOTAL FEES:</b>			

\*\*Certain Government Agencies Exempt

For government agencies only – To pay by credit card, please complete the information below.

Credit Card payment information:

Visa       Mastercard

Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Cardholder's Name (as it appears on the card): \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_

Cardholder's Mailing Address (if different from Billing Address): \_\_\_\_\_

I hereby authorize Alameda County Superior Court to charge my credit card account.

\_\_\_\_\_  
Payment Authorization Signature

\_\_\_\_\_  
Date