

COPY REQUEST FORM

Kalie M. Work, Washoe County Recorder

Requestor Nam	ne:									
Date Requested	l:									
Phone Number	Email Address:									
Mailing Addres	ss:									
Total Amount enclosed: \$				Select Payn	nent: C	heck	Mone	y Order	Pay by Phone	
Select method of receiving document(s) email or paper			Email Email copies will be processed within 24-48 hours							
										Paper Paper copies will arrive at the mailing address provided within 5-10 business days
					•					
Complete all in	formation	in this secti	on for Marri	age Record	l(s) reque	st				
Party 1: First and					•					
Party 2: First and Last Name on Marriage Application										
Date of Marriage	License Application or Recording Number (if known)									
Number of Certi	Total Cost \$									
Number of <i>Unce</i>										
Amount Due \$										
Complete all in						uest			_	
Document No.	Book &	Year	Type of	No. of	No. of		Certified Fee		Fee	
(1964-present)	Page	(pre-1964)	Document	Pages	Copies	,	(Select Yes/No)			
							'es	No		
							res	No		
							z'es	No		
						<u> </u>	'es	No		
					Amou	nt Due	\$			

Mail Copy Request Form and Payment to: Washoe County Recorder 1001 E. Ninth St. Blg. A. Ste. Reno, NV 89512 Email Copy Request Form to: recordmar@washoecounty.gov

^{*}Fees are collected according to NRS 247.305. A 3.5% service fee will be applied to all credit card transactions.