

LIVINGSTON COUNTY 44TH CIRCUIT COURT CLERK

204 S. Highlander Way, Ste 4, Howell, MI 48843

circuitcourtclerk@livgov.com

(517) 546-9816 / fax (517) 548-4219

Mail: Copy Request Form, **appropriate Fee, and a Self addressed stamped envelope to the above address. Fees payable to Livingston County Clerk, in-state checks or money orders, only.**

Fees: Copy Fee \$1.50 *per* page (call, e-mail, or fax Request for *page count)

Note: *odd page count totals will be rounded down \$.50

Certification Fee \$10.00 *per* document

- COPY REQUEST FORM -

Court Records are not subject to FOIA

Case Name: _____ Case Number: _____

-vs- _____

- 1) What do you want copied? _____
- 2) Approximate year or date? _____
- 3) Are you requesting a certified copy? no yes If yes, you must also read and complete the following:

NOTE: the Social Security Number Privacy Act, 2004 PA 454 applies to the public documents you are requesting to be copied. The Court must redact all social security numbers from photocopies, unless the request is for a "True" or "Certified" copy; **and** the request requires that the social security number appear in the copied document, pursuant to Federal or State law, or, Court Order. **If requesting a True or Certified copy, you must check one of the following.*

Social Security Number is not required by law

Social Security Number "*is*" required by law

Date: _____ Your Name: _____

Complete Mailing address: _____

Phone No.: _____

Court Use only: Copies provided this date _____ Social Security Number redacted ____ Yes ____ No

By _____, Deputy Clerk Total Costs: _____ R# _____