

ALLEGAN COUNTY CLERK

Bob Genetski

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NAME SEARCH TRANSMITTAL FORM

Discover/American Express/Visa/MasterCard # _____ - _____ - _____ - _____

Expiration Date _____ 3 Digit Security Pin# _____
(*must be included)

Name as it appears on card _____
(Please print clearly)

Authorized Signature _____

(Cardholder acknowledges receipt of goods and/or services and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer)

Names to be searched: _____

_____ Please make necessary charges (\$5.00 per name to be searched)

CARDHOLDER INFORMATION (must be completed in order to process)

Name: _____

Address: _____

City, State, Zip _____

Business Phone: _____ Fax #: _____

Contact Person (regarding problems): _____

Special Instructions: _____

*Names will be searched as presented

*If disposition is found and specific information is requested, you must provide the reporting format you require at the time of search request to avoid additional charges

Service Fee for Payment Amount: \$0.01 - \$50.00..... \$1.75
\$50.01- \$75.00..... \$2.00
\$75.01- \$100.00.....\$3.75
\$101.00- \$150.00.... \$5.75
\$150.01- \$200.00.....\$7.25
