

FICTITIOUS BUSINESS NAME STATEMENT COPY ORDER

SANTA BARBARA COUNTY CLERK

DATE: _____
 NAME: _____
 DEPT/FIRM: _____
 STREET ADDRESS: _____
 CITY: _____ STATE _____ ZIP _____
 PHONE NUMBER: (____) _____ - _____

MAIL TO: SANTA BARBARA COUNTY RECORDER
 P. O. BOX 159 mailing address
 SANTA BARBARA, CA. 93102 mailing address

FED EX/UPS ORDERS:
 1100 ANACAPA HALL OF RECORDS
 SANTA BARBARA, CA 93101

FEES: *(All mail orders MUST include the appropriate fees, otherwise order may be returned to customer as insufficient)*

<u>TYPE OF COPY</u>	<u>FEE</u>	<u>QUANTITY</u>	<u>TOTAL</u>
REGULAR COPY (NO SEARCH)	\$ 5 X	_____ =	_____
CERTIFIED COPY (NO SEARCH)	\$ 7 X	_____ =	_____
REGULAR COPY (WITH SEARCH)	\$ 12 X	_____ =	_____
CERTIFIED COPY (WITH SEARCH)	\$ 14 X	_____ =	_____
CERTIFICATE OF SEARCH (NO RECORD FOUND)	\$ 7 X	_____ =	_____

RETURN MAIL OPTIONS:

1. RETURN MAIL-1ST CLASS DELIVERY: \$ 2.00 (per order): \$ _____
2. RETURN EXPRESS MAIL: 1-3 DAY DELIVERY: \$23.50 (per order): \$ _____
3. RETURN EXPRESS MAIL: If including prepaid envelope: \$5.00 (per order): \$ _____

RETURN MAIL FEE (From above options): CHECK ONLY ONE OPTION) = \$ _____

Total Fee: _____

(MM/DD/CCYY) Date of Filing	Statement Number or Business Name	Number of Copies	Do you need it certified? Indicate choice	
1. ___/___/____	_____	_____	YES ___	NO ___
2. ___/___/____	_____	_____	YES ___	NO ___
3. ___/___/____	_____	_____	YES ___	NO ___
4. ___/___/____	_____	_____	YES ___	NO ___
5. ___/___/____	_____	_____	YES ___	NO ___
6. ___/___/____	_____	_____	YES ___	NO ___

FOR OFFICE USE ONLY:

Transaction # _____ Initials: _____ Mail out? _____ Hold for Pick Up? _____

Updated: 07/2013

JOSEPH E. HOLLAND
County Clerk, Recorder and Assessor
Registrar of Voters



Hall of Records
1100 Anacapa St.
Santa Barbara, CA 93101

Mailing Address:
PO Box 159
Santa Barbara, CA 93102

MELINDA GREENE
Chief Deputy Clerk-Recorder

**COUNTY CLERK, RECORDER AND ASSESSOR
CLERK-RECORDER DIVISION**

CLERK-RECORDER CREDIT CARD AUTHORIZATION FORM

VISA/MASTERCARD/DISCOVER ONLY
NO AMERICAN EXPRESS

I hereby authorize the Office of the County Clerk-Recorder to charge the following credit card for payment of requested service:

Applicant Name: _____

Phone #: (_____) _____

Cardholder (name as appears on credit card): _____

Credit Card Number: _____ **Exp Date:** ____ / ____ / ____
(American Express Not Accepted)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cardholder Phone Number: (_____) _____

Cardholder Signature: _____ **Date:** ____ / ____ / ____

This credit card authorization form will be kept on file for six months from date of service. Any disputed charges made in conjunction with this request after six months are subject to management discretion.

Note: Although credit cards are acceptable for fees, we do not accept credit cards for payment of taxes, such as Documentary Transfer Tax. The acceptance of credit cards is extended as a convenience for small denominations in value. The County incurs costs associated with credit card use and does not have a fee structure in place to recover the significant costs associated with taxes. Thank you for your cooperation.

OFFICE USE ONLY

Transaction #: _____