



# SANTA BARBARA COUNTY CLERK-RECORDER

P. O. Box 159, Santa Barbara, CA 93102  
1100 Anacapa Street, Hall of Records, Santa Barbara, CA 93101  
511 E. Lakeside Parkway, Suite 115 Santa Maria, CA 93455  
(805) 568-2250

## Information for Notaries

If you are commissioned in Santa Barbara County, please see the following information. Before submitting the paperwork, please review the instructions you received from the Secretary of State regarding the 'file by mail' option, and contact their office with any questions regarding their instructions.

**You can mail the oath, bond and payment (via *first class mail or express mail*) or use our drop box:**

### Regular Mail:

Santa Barbara Clerk-Recorder  
P.O. Box 159  
Santa Barbara, CA 93102-0159

### Express or Courier Service Mail:

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

Click here for [Drop Box information](#):

### Payment Methods:

- Check made payable to: *Santa Barbara County Recorder*
- Credit Card Authorization Form (see attached)

Fees		
Notary Oath	Bond	Conformed Copy (Optional)*
\$37.00	\$14.00 1 <sup>st</sup> page	\$4.00
	<b>\$3.00 each additional page</b>	

\* If requesting a conformed copy, you must provide a photocopy of your bond.

### Bond Requirement:

Please ensure the following information appears at the top left-hand corner of the 1st page of the bond:

“REQUESTED BY & RETURN TO:

NAME

ADDRESS

CITY, STATE & ZIP”

To fulfill this requirement, please print it on the top left-hand corner of the bond *or* use the attached cover page.

Please note, the top right-hand corner of the 1st page of the bond must be blank/clear of any text to ensure there is enough space for our recording stamp. If the cover sheet is used, the space is already built into the form.

PLEASE COMPLETE THIS INFORMATION  
RECORDING REQUESTED BY:

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AND WHEN RECORDED MAIL TO:

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(Please fill in document title(s) on this line)

THIS PAGE ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION  
(Additional recording fee applies)

**JOSEPH E. HOLLAND**  
County Clerk-Recorder

**MELINDA GREENE**  
Chief Deputy Clerk-Recorder

www.SBCRecorder.com



Hall of Records  
1100 Anacapa Street  
Santa Barbara, CA 93101

Mailing Address:  
PO Box 159  
Santa Barbara, CA 93102-0159

Fax: 805-568-2266

## OFFICE OF THE SANTA BARBARA COUNTY CLERK-RECORDER

### CREDIT CARD AUTHORIZATION FORM

VISA/MASTERCARD/DISCOVER ONLY – NO AMERICAN EXPRESS

**Applicant Name:** \_\_\_\_\_

**Phone #:** (\_\_\_\_\_) \_\_\_\_\_

**Cardholder Name (as it appears on card):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cardholder Phone Number:** (\_\_\_\_\_) \_\_\_\_\_

**Last four digits of Credit Card:** \_\_\_\_\_ **Exp Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*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.*

THE TOP PORTION OF THIS FORM WILL BE KEPT IN A LOCKED FILE FOR SIX MONTHS FROM DATE OF SERVICE, WITH LIMITED CUSTODIANS HAVING ACCESS. FORMS ARE NOT TRANSPORTED TO OTHER LOCATIONS. ANY DISPUTED CHARGES MADE IN CONJUNCTION WITH THIS REQUEST AFTER SIX MONTHS ARE SUBJECT TO MANAGEMENT DISCRETION

Office use only  
Receipt # \_\_\_\_\_

FOR YOUR PROTECTION, THE BOTTOM PORTION OF THIS FORM WILL BE REMOVED AND CRISS-CROSS SHREDDED AFTER YOUR REQUEST IS PROCESSED.

**Credit Card Number (Visa/MasterCard/Discover):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_