

SERVICO, INC.
P.O. BOX 871
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(518)463-4179 (518)463-3752

REQUEST FOR COPIES OF PUBLIC RECORD DOCUMENTS

NAME OF ENTITY OR ENTITIES:

COPIES: CERTIFIED OR PLAIN

RUSH REQUEST OR ROUTINE REQUEST

WHAT SPECIFIC DOCUMENTS ARE YOU REQUESTING?

FORMATION DOCUMENT

AMENDMENTS

BIENNIAL REPORTS

DISSOLUTION

ALL _____

Our Service Fee: \$40.00

Fax Fee: \$10.00

Admin Handling \$ 5.00

DISBURSEMENTS VARY WITH THE NUMBER OF DOCUMENTS,

Rush or Routine Request, and jurisdiction of search

Our Corporate Dept. Will contact you with an exact cost once you order is placed.

Your Name: _____

Your Firm: _____

Billing/Mailing Address: _____

Your Phone #: _____ Your Fax #: _____

Let This Letter Serve as My Authorization to Charge My Amex/MC/Visa

(Initial Here) _____ Card # _____

Expires _____ IN THE AMOUNT OF ** _____

Print Name and Complete Billing Address on Credit Card: _____

Signature of Card Holder: _____

** Please note: This fee is an estimate only. It is possible to incur additional disbursements in order to complete this order. If so the additional fees will be charged to this credit card.