



PO Box 2222, Midland WA 6936  
**Customer Centre**  
**Telephone (08) 9273 7333**  
**Facsimile (08) 9250 3187**

**REQUEST FOR A CERTIFIED COPY**  
(PLEASE ENTER REQUEST DETAILS BELOW)

COMPANY NAME: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
FACSIMILE NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

<input type="checkbox"/> <b>CHEQUE/CASH</b> Yes / No Payment attached	<input type="checkbox"/> <b>ACCOUNT</b> _____ Account Number	<input type="checkbox"/> <b>CREDIT CARD</b> See Details Below
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CARD HOLDER NAME: \_\_\_\_\_  
CARD NO.                     
EXPIRY DATE     /  /   
                            DD                      MM                      YYYY  
Please mark with an X                                       **MASTER CARD**     **VISA CARD**  
CARD HOLDER'S SIGNATURE : \_\_\_\_\_

**CERTIFIED COPIES REQUIRED**

- *THERE IS A CHARGE OF \$60.00 FOR EACH ITEM TO BE CERTIFIED.*
- *A COPY SERVICE CHARGE ALSO APPLIES FOR EACH ITEM CERTIFIED ie \$24.00 for a Title, Survey or Document.*
- *A SUPERCEDED TITLE is \$12.00 – See Landgate’s Registration and Search Fees guide for complete list.*
- *A \$9.00 PROCESSING AND HANDLING FEE APPLIES TO ALL ITEMS RETURNED BY POST*

1 _____	3 _____
2 _____	4 _____

**FOR OFFICE USE ONLY**

<u>RECEIPT DETAILS</u>		<u>SEARCH REQUEST DETAILS</u>	
ORDER NO:	_____	RECEIVED:	_____
TOTAL AMOUNT:	\$ _____	COMPLETED:	_____
AUTHORITY NO:	_____	OFFICER'S INITIALS:	_____
DATE:	_____	POSTED/COLLECTED:	_____