

**EAST BATON ROUGE PARISH
CLERK OF COURT
RECORDING INSTRUCTION SHEET**

Please Complete One Instruction Sheet per Document to be Recorded

Date: _____

Requested By: _____
Name

Representing: _____
Firm/Company-Branch Office

Contact Number: _____

E-mail Address: _____

Document Recorded in the Name of: _____

- | | |
|--|--|
| <input type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> Notice of Seizure |
| <input type="checkbox"/> Assignment of Mortgage | <input type="checkbox"/> No Work Affidavit |
| <input type="checkbox"/> Cancellation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Contract | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Judgment | <input type="checkbox"/> Resolution/Cert. of Authority |
| <input type="checkbox"/> Lease | <input type="checkbox"/> Sale |
| <input type="checkbox"/> Lien | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Mortgage | <input type="checkbox"/> Other: _____ |

Recording Instructions: (check all that apply)

- | | | | |
|---|-------------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Mortgage | <input type="checkbox"/> Conveyance | <input type="checkbox"/> Map | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Stamped/Conformed Copy | (number of copies requested): _____ | | |
| <input type="checkbox"/> Certified Copy | (number of copies requested): _____ | | |
| <input type="checkbox"/> Transfer of Map to Planning Commission | (requested by): _____ | | |
| | | Print Name | |
| <input type="checkbox"/> Special Instructions | | | |

Comments:

CLERK OF COURT USE ONLY

Method of Payment:

- | | |
|---|---|
| <input type="checkbox"/> Drop-Off _____ | <input type="checkbox"/> Cash |
| <input type="checkbox"/> Mail-In _____
Runner's Name | <input type="checkbox"/> Check # _____ |
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> Credit/Debit |
| | <input type="checkbox"/> On-line Payment |
| | <input type="checkbox"/> COC Account Name _____ |

Delivery:

- Same Day
 Next Day

Code: _____
Pages: _____ @ _____
Names: _____
Certified: _____
Stamped: _____
Copies: _____
Initials: _____