

# Request Form for Printout of Payment History

- *Form must be filled out completely to process*

Your Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Your Social Security #: \_\_\_\_\_ Your Daytime Phone#: \_\_\_\_\_

You are (circle one):    Payer        Payee

Docket #: List all to be included        Name of other party (not kids): List all to be included

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of housing agency requesting printout: \_\_\_\_\_  
\_\_\_\_\_

Your complete address for mailing: \_\_\_\_\_  
\* Printout will be mailed \_\_\_\_\_  
within 5 business days \_\_\_\_\_  
Sorry, it cannot be faxed \_\_\_\_\_  
nor sent to anyone else.

# Months to be included: (Circle one)    1    2    3    6    12    Other: \_\_\_\_\_

\*\* Our current system only dates back to June of 2003. If information is needed previous to that date, there will be an additional fee of \$5 per system that must be accessed.

**\*\* Only one free printout per year is allowed for our current system. All others will require an up-front payment of \$3 for one docket or \$5 for multiple dockets. Requests for information prior to June of 2003 will be subject to normal fees upon first request.**

Your signature: \_\_\_\_\_