

TO THE HOUSTON COUNTY RECORDER
PO BOX 29
CALEDONIA MN 55921-0029
Phone: (507) 725-5813 Fax: (507) 725-2647
recorder@co.houston.mn.us

DATE: _____

RECORDER'S OFFICE SIGNED A RECEIPT: _____
(If this is checked-request receipt back)

MAIL: _____

E-MAIL: _____
(\$2.00/image)

FAX: _____
(15 Pages or less & \$5.00 Fax Fee
plus \$2.00/page additional
charge)

SECURITY DEPOSIT: _____
(M.S. 386.78)

PAYMENT OPTIONS:
CHECK: _____
CREDIT CARD: _____
Please contact this office with
Credit Card Information

BILL ME: _____
(search will be released when
payment is received)

ALL CHECKS PERTAINING TO THIS OFFICE ONLY MUST BE MADE OUT TO HOUSTON COUNTY RECORDER/TREASURER

PLEASE DO THE FOLLOWING:

- ___ Do a Preliminary Abstract Continuation
- ___ Do a Final Abstract Continuation
- ___ Compile a New (Original) Abstract
- ___ Do an Abstractor's Check Certificate (Starting date/last book & page: _____)
- ___ Tract Search (uncertified – no certificates) - \$30.00 plus \$2.00 per page (Starting date _____)
- ___ Other (Please explain) Hourly search time rate (\$24.65/hr) (15 minute minimum) plus \$2.00 per page

___ on the following described premises:

___ on the attached described premises:

I have a closing date of : _____

The current land owner is: _____

The tax parcel ID number(s) is/are: _____

Abstract received from: _____

After completion, please forward the above to: _____

The bill for same should be sent to:

***The person to contact if we have any questions is:** _____

***Telephone number for contact person:** _____

***E-mail address for contact person:** _____

INSTRUCTIONS RECEIVED FROM: _____
(Signature of person filling out this form)