

FLAGLER COUNTY RECORDING TRANSMITTAL

Contact Person: _____

Phone # _____

Please Record the following Documents:

Documents Description (Deed; Mtg; Asi; Sat; etc)	Copies / Certifieds	No. of Pages	No. of Names	Fee Description (Rec Fee; Doc & Intang Stamps;etc)	Fee Amount
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
Total Amount Due					\$

*****NOTE*** IF REQUESTING COPIES OR CERTIFIED COPIES; PLEASE REQUEST SO.**

Enclosed: Check(s): Ck # _____ \$ _____ CK # _____ \$ _____

Check(s): Ck # _____ \$ _____ CK # _____ \$ _____

Special Instructions: