

Harrison County Clerk's Office Copy Request Application



Personal Information

Last Name:

First Name:

Company:

Zip Code:

E-Mail:

Phone:

Account
Number:

Request A Document

Book Type:

Book Number:

Beginning Page:

Ending page:

Full Document: Yes
 No

Notes:

Every attempt has been made to redact Social Security Numbers on all documents.

If you locate a Social Security Number that has not been redacted please contact our office at ktenda@harrisoncountywv.com

The information herein is as contained in the database of the Harrison County Clerk. The Harrison County Clerk disclaims any liability and/or loss arising from the use and/or reliance upon said information

I have read and understand the above information.
