



TRM NOTARY

***COMPLETE SECTIONS 1-5 AND

FAX TO:

(669)777-6850

FOR PROCESSING****

REQUEST FOR MOBILE NOTARY SERVICE

NOTE: ALL SIGNERS AND DOCUMENTS TO BE SIGNED MUST BE PRESENT WHEN NOTARY PUBLIC ARRIVES. EACH SIGNER MUST PRESENT VALID (UN-EXPIRED) IDENTIFICATION (California Civil Code section 1185(a))

**** MATRICULA CONSULAR ISSUED BY THE MEXICAN CONSULATE AND MEXICO VOTER REGISTRATION CARDS ARE NOT VALID FORMS OF IDENTIFICATION. ****

PRINT LEGIBLY

1. Where is the notary public traveling to?
(SELECT ONLY ONE)

- Home. Address _____ City _____ Zip _____
- Business. Address _____ City _____ Zip _____
- Detention facility(Jail): Name of facility _____ County _____
Inmate's name _____
Date of Birth _____ Booking # (if known) _____
- Hospital _____ Address _____
Patient's name: _____ Room # _____
- Airport _____ Terminal # _____ Airline: _____
- Other: _____

2. Document type? (i.e power of attorney, grant deed, etc.) _____
HAVE YOUR DOCUMENTS PREPARED. NOTARY PUBLIC CANNOT PREPARE DOCUMENTS. CONSULT YOUR ATTORNEY WITH QUESTIONS.

3. Your name _____ Telephone number (_____) _____
REQUESTS WITHOUT CONTACT INFORMATION OR UNVERIFIABLE INFORMATION WILL NOT BE PROCESSED.

4. Is this request for a specific date and time?
- No.** At the earliest convenience.
 - Yes.** Date: ___/___/___ Time ____:____ a.m. / p.m. (SUBJECT TO AVAILABILITY)

FEES AND SURCHARGES

(UPON RECEIPT OF YOUR ORDER WE WILL CALL YOU WITH A FEE ESTIMATE FOR THIS SERVICE)

Notary Public Fee: **\$15.00** per signature taken/per document
(Fee regulated by California Government Code section 8211)

Travel Fee: **\$50.00** minimum

After-hours fee: **\$100.00** night calls between 9:00 p.m. and 7 a.m.

Wait time: **\$100.00** per hour starting 15 minutes after scheduled appointment time and billed in 30 minute increments.

5. PAYMENT INFORMATION CREDIT CARD INFO. REQUIRED FOR AFTER-HOURS APPOINTMENTS - PRINT LEGIBLY

- Credit card type:
- Visa
 - MasterCard
 - Discover
 - Bill to my account # _____

Credit card number _____ Expiration date ____/____/____ Security code _____

Name as it appears on credit card _____

Billing address _____ City _____ State _____ Zip code _____

I certify that I am the holder of the above credit card and agree to pay for services rendered by TRM Solutions Inc. in connection with this order and according to the card issuer agreement. I further agree to pay TRM Solutions Inc., the minimum travel fee regardless of service being provided by no fault of TRM Solutions Inc., its agents, employees or assignees. Fees shall be considered fully earned and non-refundable. This agreement is negotiated in Newark, California.

Authorized Signature: _____ Date: _____