

DON BARBEE, JR., CLERK OF CIRCUIT COURT
20 North Main Street - Brooksville, FL 34601
Phone: (352) 540-6768 / FAX: (352) 754-4243
Email: hermandoclerk.com

BILLING ACCOUNTS

TO WHOM IT MAY CONCERN:

The Clerk's Office is authorized to set up billing accounts for governmental agencies ONLY. Services may be charged in the Recording and Civil Court areas to a pre-established Billing Account.

TO ESTABLISH A *BILLING ACCOUNT*, please complete and submit the attached "Billing Account Agreement" form. The complete form should be returned to the following address:

Hernando County Clerk's Office
Attn: Recording Division – **RM 362**
20 North Main Street
Brooksville, FL. 34601

Upon receipt of the agreement, a Billing Account will be set up and we will notify you that you may begin using the account. In order for us to notify you about the account in a timely fashion, **PLEASE be sure to include your Email Address on the agreement.**

Only the persons listed on the agreement will be permitted to charge to your account. You may change the authorized personnel at anytime by contacting our office so that we may update your file/account.

NOTE: Invoices are mailed out at the beginning of each new month for prior month's charges. Payments for prior month's services **MUST** be paid within 30 days from the date of the Invoice. Payments received after 45 days will be considered delinquent. An additional service charge may apply. Agencies that do not make payments by the due dates (within 30 days of Invoice date) will not be allowed to continue using the charge privileges.

Thank you for your cooperation, and please feel free to contact this office at (352) 540-6768 if you have any questions.

SINCERELY,

DON BARBEE, JR.
Clerk of Circuit Court

HERNANDO COUNTY CLERK OF CIRCUIT COURT
BILLING/CHARGE ACCOUNT AGREEMENT
(Government Agencies only)

Please check applicable box(s) (and complete all information below / must also be signed):

- New Account**
- Revised/Updated information**
- Please close my account and issue a refund**
- Please provide access for me to view my account via your website**
(Please note: you will be notified via your email address below of your login & password)

(Please type or print legibly)

AGENCY NAME: _____

AGENCY CONTACT: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____

E-MAIL: _____

I hereby authorize the following **employees and/or Branch Offices** to charge to our “Billing Account” for recording documents into the Hernando County “Official Records” and/or for copies of public records:

EMPLOYEE:

BRANCH OFFICE:

APPROVED BY: _____ **Date:** _____
(Signature of Individual requesting account set-up or authorized agent)

Title: _____

(Please attach business card – Thank you!)