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Title, Lien, & Registration Form

Name of Organization:	Account #:
Contact Name:	Phone #:
Email Address:*All communications and the file with search results will be sent as an at	Date:ttachment to this email address unless otherwise specified
Cost of Records Requested:  • \$1.00 per record  • \$50.00 for 1 <sup>st</sup> 2,000 records bulk  • \$18.00 for each additional 1,000 records	bulk
<ol> <li>Title, Lien, &amp; Registration searches require comple Attachment 'A' prior to search if not already on file <a href="http://www.nebraska.gov/subscriber/pdf/subscribe">http://www.nebraska.gov/subscriber/pdf/subscribe</a></li> </ol>	
2. Please provide specific search criteria instructions	:
3. Fax this form to Nebraska.gov.	
	tive with the number of records returned by your search prior lat time in order to receive the results file. Non- Nebraska.gov s. Payment is accepted by credit card.
Subscriber Signature	Organization Name
Printed Subscriber Name	Nebraska.gov Account Number
Phone Number/Fax Number	Date
NEBRASKA.GOV USE ONLY: Number of Results	
The above request has been:	lot Paid (subscriber)