

ARTSA Notarial Services, LLC NOTARY REQUEST INTAKE FORM

CLIENT INFORMATION

1. YOUR FULL NAME: _____
2. BUSINESS NAME, if any: _____
3. EMAIL ADDRESS: _____
4. PHONE NUMBER: _____

DOCUMENT DETAILS

1. Nature of Document(s): _____
2. Total Number of Certificates and Notary Signatures: _____
3. Number of Signers _____
4. Number of Witnesses, if required: _____

If you are uncertain if witnesses are required, your documents that you will present to the notary should indicate that detail with identifiable witness' signature lines already in place. The notary cannot act as your witness or alter your documents.

IDENTIFICATION

1. Type of Identification to be Presented: _____
Date of Expiration: _____

To help ensure a bona fide identification, a notary will always look to see if the name on your documents exactly match your name as it appears on your presented ID.

NOTARY SERVICES

1. Preferred Appointment Date: _____ Preferred Appointment Time: _____
2. Location: Attorney Office ____ Title/Escrow Office ____ Local Business: _____
Please provide a full address, with zip code _____

Email your completed form to: artsanotary@outlook.com

For a more immediate response call (731) 845-9569, and ask to speak with the Notary.