

COMPLETE SECTIONS 1-5 AND
FAX TO:
(909) 382-9922
FOR PROCESSING

Order # _____

go2-notary.com

A subsidiary of Gomez Professional Services, Inc.
110 N. Riverside Avenue • Rialto, CA 92376
Tel. (909) 543-6240 • 24-hr Assistance (951) 258-3038

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

Notary Public Fee: **\$10.00** per signature taken/per document
(Fee regulated by California Government Code section 8211)

Travel Fee: **\$20.00** minimum

After-hours fee: **\$50.00** night calls between 9:00 p.m. and 7 a.m.

Wait time: **\$50.00** per hour starting 15 minutes after scheduled appointment time and billed in 30 minute increments.

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

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 Gomez Professional Services, Inc., dba go2-notary.com in connection with this order and according to the card issuer agreement. I further agree to pay Gomez Professional Services, Inc., the minimum travel fee regardless of service being provided by no fault of Gomez Professional Services, Inc., its agents, employees or assignees. Fees shall be considered fully earned and non-refundable. This agreement is negotiated in Rialto, California.

Authorized Signature: _____ Date: _____