
Date

Clerk of Superior Court of Laurens County
P.O. Box 2028
Dublin, GA 31040

For the purpose of obtaining an alcoholic beverage license in the City of East Dublin, please conduct a record search for 10 years on:

Name _____

Address _____

Date of Birth _____

Social Security Number _____

Thank you,

*** This letter must be signed, sealed and dated by a clerk of this court.**