ATTORNEY OR PARTY WITHOUT A	ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO .:	FAX NO. (Optional):	
EMAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
	F CALIFORNIA, COUNTY OF SAN DIEGO	
CENTRAL DIVISION, C	SMALL CLAIMS, 330 W. BROADWAY, SAN DIEGO, CA 92101 CIVIL, 330 W. BROADWAY, ROOM 225, SAN DIEGO, CA 92101 ISION, 325 S. MELROSE DR., VISTA, CA 92081	
PLAINTIFF(S)		
DEFENDANT(S)		
		CASE NUMBER
REQUEST FOR CL	ERK'S CERTIFICATE RE COSTS AND CERTIFICATION	
	REQUEST TO ISSUE	
A Writ of Execution in th	his case was issued on Pursuant to Co	de Civ. Proc., § 685.090, a subsequent
Memorandum of Costs was filed on claiming additional COSTS in the amount of \$ The		
time allowed to tax additional costs has expired without a motion being filed.		
	nuonal costs has expired without a motion being nied.	
Based on the aforemen	ntioned, I request a Clerk's Certificate Re Costs be issued.	
l declare under penalty	of parium under the laws of the State of California that the	
i deciare under penalty	of perjury under the laws of the State of California that the	foregoing is true and correct.
		foregoing is true and correct.
Date:		foregoing is true and correct. Signature of Declarant
Date:		
Date:	CLERK'S CERTIFICATE RE COSTS	Signature of Declarant
Date: TO THE SHERIFF OR In accordance with Cod	CLERK'S CERTIFICATE RE COSTS	Signature of Declarant COUNTY: STS in the amount of \$ are
Date: TO THE SHERIFF OR In accordance with Cod	CLERK'S CERTIFICATE RE COSTS LEVYING OFFICER OF SAN DIEGO de Civ. Proc., § 685.090, I hereby certify that additional CO in the above-mentioned case. Total COSTS claimed \$	Signature of Declarant COUNTY: STS in the amount of \$ are
Date: TO THE SHERIFF OR In accordance with Cod	CLERK'S CERTIFICATE RE COSTS LEVYING OFFICER OF SAN DIEGO de Civ. Proc., § 685.090, I hereby certify that additional CO in the above-mentioned case. Total COSTS claimed \$	Signature of Declarant COUNTY: STS in the amount of \$ are
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