

**IN THE MAGISTRATE COURT OF CHATHAM COUNTY  
STATE OF GEORGIA**

	)	
	)	
	)	
Plaintiff(s),	)	
	)	
vs	)	Case No.: _____
	)	
	)	
	)	
	)	
Defendant(s).	)	

**REQUEST FOR CERTIFICATE OF PAYMENT OF COSTS**

The undersigned requests the Magistrate Court of Chatham County to provide a Certificate of Payment of Costs in the above-referenced action. The name of the reviewing court is \_\_\_\_\_ and the case number is \_\_\_\_\_.

**By authority of Uniform Magistrate Court Rule 19 and O.C.G.A. § 15-10-53, I swear or affirm, by affixing my electronic signature, that the statements set forth in the above pleading are true and correct and the date of execution is the date of receipt of electronic control by the Court.**

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
e-Signature