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FAX REQUESTS TO: 630-759-6205

FAX REQUEST FORM

COPY REQUESTS MAY BE FAXED IN FOR PROMPT SERVICE
ATTENTION: DUE TO EXTREME HIGH VOLUME REQUESTS, COPY REQUESTS WILL BE FILLED
WITHIN TWO BUSINESS DAYS, WHEN POSSIBLE.

Additional Document
Requests Listed Below

Date of Request: _____

Approximate Year: _____

Document Type: _____

Subdivision Name: _____

Lot and/or Block Only: _____

1) _____

2) _____

3) _____

4) _____

SECTION: _____ TOWNSHIP: _____ RANGE: _____

Document Number OR Book/Page: _____

Certified Copy Full Copy Only Pages: _____

FAX Copy To FAX Number: _____ Will Pick Up

Mail Copy To: MUST SUPPLY FULL ADDRESS IF MAILED AND

****BILLING ADDRESS IF PAYING BY CREDIT CARD****

_____ *****PLEASE INCLUDE A COPY OF THE**
FRONT AND BACK OF CARD***

Requesting Company: _____ Code: _____

Requesting Party: _____ Phone # _____

_____ use Escrow Account for payment

_____ use Credit Card for payment# _____ exp. Date: _____

COPY REQUESTS MADE AFTER 3:30 P.M.
WILL BE FILLED THE FOLLOWING BUSINESS DAY