



# KAREN A. STUKEL

## WILL COUNTY RECORDER

241 Canterbury Drive \* Bolingbrook, IL 60440  
Fax 630/759-6205

[www.willcountyrecorder.com](http://www.willcountyrecorder.com)

### 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**