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FAX REQUESTS TO: 815-740-4697

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COPY 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.

Job Ref:	Document of Book/Page Requests Listed Below
Date of Request: _____	1) _____
Approximate Year: _____	2) _____
Document Type: _____	3) _____
Subdivision Name: _____	4) _____
Lot and/or Block Only: _____	5) _____
SECTION: _____ TOWNSHIP: _____ RANGE: _____	6) _____

Certified Copy Full Copy Only Pages: _____

FAX Copy to FAX Number: _____ Will Pick Up

EMAIL Copy to: _____

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)

Name: _____

Address: _____

City, State, Zip Code: _____

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**