



# KAREN A. STUKEL

## WILL COUNTY RECORDER

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815/740-4717 \* Fax 815/740-4697

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

### **FAX REQUESTS TO: 815-740-4697**

### **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: \_\_\_\_\_

1) \_\_\_\_\_

Document Type: \_\_\_\_\_

2) \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

3) \_\_\_\_\_

Lot and/or Block Only: \_\_\_\_\_

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**