

REQUEST RECEIVED

REQUEST FULFILLED



Will County Recorder

158 N. Scott Street * Joliet, IL 60432

815/740-4637 * Fax 815/740-4638

www.willcountyrecorder.com

Name: _____
Address: _____
City, State ZIP: _____

Pursuant to the Illinois Freedom of Information Act, please provide me with the following listed documents:

To Whom It May Concern,

Pursuant to your request stamped above, enclosed please find the following copies of documents numbered:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For Will County Recorder Office Personnel Use Only

Refer to 5 ILCS 140/ Freedom of Information Act for pricing.

Mailed Picked Up By: _____ Date: _____

Filed by: _____