



# KAREN A. STUKEL

WILL COUNTY RECORDER

158 N. Scott Street \* Joliet, IL 60432

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

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

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

**EMAIL REQUESTS TO: [Recorderarchives@willcountyillinois.com](mailto:Recorderarchives@willcountyillinois.com)**

## 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:	<b><u>Document of Book/Page Requests Listed Below</u></b>
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**