TEL 312.603.5050 FAX 312.603.5063 WEB cookcountyclerk.com

Indexing Correction Request Form

Please complete this form in full and email to clerk.recordings@cookcountyil.gov with subject line: Attention DATABASE MANAGEMENT. This form is specifically for requesting a correction of possible indexing error by our staff concerning your recorded document. Upon receipt our staff will review the request and if necessary, make the change as requested. Thank you from our library staff.

Date of Request	Property Index Number (PIN) on Website
Street Number and Name	City, State, & Zip Code
Name of Requesting Customer	Phone Nuber of Requesting Customer
Property Ownewr Name (if differ	ent) Email Address of Requesting Customer
Document #:	Document Type:
Document #:	Document Type:
	N FOR THIS REQUEST (THE DISCREPANCY BETWEEN THE MENT, AND HOW IT SHOULD ACTUALLY BE INDEXED)
CUSTOMERS PLEASE DO NOT WRITE BELOW - FOR CLERK'S OFFICE USE ONLY	
Date Request Received	Clerk's Staff Member Received By ID Type Verified
Date Processed by DBM	Completed by DBM Staff Member Cust. Contacted