RECORDINGS
OFFICE OF COOK COUNTY CLERK KAREN A. YARBROUGH
118 N. Clark Street, Room 120, Chicago, Illinois 60602

TEL 312.603.5050 FAX 312.603.5063 WEB cookcountyclerk.com

Recording Operations
Petition - Unlawful Restrictive Covenant Modification

Name of Property Owner/Legal Representative _____

Address_____**City**_____**State** _____

Phone Number_____**Email** _____

Property's Property Index Number(s) or PIN (attach separate list of PINs as needed)_____

Document Number containing unlawful restrictive covenant_____

You must check all of the below:
__I/we are, the Last Owner of Record, or Legal Representative of the Last Owner of Record.
__I/we have enclosed a photocopy of my/our current State Issued Driver's License or ID.
__I/we have read and understand 55 ILCS 5/3-5048.
__I/we hereby state that document number referenced contain(s) unlawful restrictive covenant(s).
__I/we have attached the document herein as an exhibit and marked the unlawful restrictive covenant(s) by a strike through.
 (example of strike through: ~~unlawful covenant~~) and provided a summary of the efforts to find the document (your research).
__As a result, I/we am/are requesting the CLERK refer the case to the proper office(s).
__I/we are hereby authorizing the CLERK and its agents to contact us with the above info.

For common interest community association, condominium association, unit owners' association, residential housing cooperative, or master association, you must check all of the below:
__I/we certify that I/we represent the governing body of the entity as defined in 55 ILCS 5/3-5048, as may be amended.
__I/we have attached a certification by the governing body as required by 55 ILCS 5/3-5048, as may be amended.

IMPORTANT NOTICE OF PENALTY OF PERJURY FOR ANY FALSE INFORMATION SUBMITTED BY REQUESTER:
I/We do hereby certify, under penalty of perjury, as provided by the law, that to the best of my/our knowledge, I/we are the last owner of record, and/or the legal representative of the last owner of record and am authorized to execute this Petition by virtue of such authority and state that the facts presented herein are true and correct to the best of my knowledge. Furthermore, I/we understand that making false statements may subject me to both civil and criminal liability and prosecution.

_____   _____
Signature   **Notary Public and Stamp**

                                     _____
                                     Date

_____
For Office Use Only

Received by/Date _____/_____ or **Rejected by/Date** _____/_____

Referred to State's Attorney's Office by/Date _____/_____

Petitioner requires further submission of evidence yes/no