



JAMES GLEFFE
CHIEF DEPUTY RECORDER

INDEXING CORRECTION REQUEST FORM

Please complete this form in full and email to rod.support@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 (ABOVE) PROPERTY IDENTIFICATION NUMBER (PIN) ON WEBSITE (ABOVE)

STREET NUMBER AND NAME (ABOVE) CITY, STATE & ZIP CODE (ABOVE)

NAME OF REQUESTING CUSTOMER PHONE NUMBER OF REQUESTING CUSTOMER

PROPERTY OWNER NAME (IF DIFFERENT) EMAIL ADDRESS OF REQUESTING CUSTOMER

DOCUMENT #: DOCUMENT TYPE:

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PLEASE EXPLAIN THE REASON FOR THIS REQUEST (THE DISCREPANCY BETWEEN THE WEBSITE AND THE DOCUMENT, AND HOW IT SHOULD ACTUALLY BE INDEXED)

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DATE REQUEST RECEIVED CCRD STAFF MEMBER RECEIVED BY ID TYPE VERIFIED

DATE PROCESSED BY DBM COMPLETED BY DBM STAFF MEMBER CUST. CONTACTED