

# PLAT REQUEST FORM

FAX # (815) 942-2222

**TO: GRUNDY COUNTY RECORDER**  
**111 E WASHINGTON ST, Rm 11**  
**PO BOX 675**  
**MORRIS IL 60450-0675**

**PLAT NAME:** \_\_\_\_\_

**DOCUMENT #** \_\_\_\_\_

**PLAT CABINET/SLIDE #** \_\_\_\_\_

**Include all Corrections to Plat: Y/N** \_\_\_\_\_ **(additional copy fees apply)**

**Will Pickup: Date:** \_\_\_\_\_ **AM** \_\_\_\_\_ **PM** \_\_\_\_\_ **Mail:** \_\_\_\_\_

## REQUESTED BY:

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Contact Name/Attn:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_