

PLAT REQUEST FORM

TO: platrequest@grundyco.org

FAX: (815)941-3020

GRUNDY COUNTY RECORDER

111 E WASHINGTON ST, RM 11

MORRIS, IL 60450

PLAT NAME: _____

DOCUMENT: _____

PLAT CABINET/SLIDE #: _____

Include all Corrections to Plat: Y/N _____ (additional copy fees apply)

PREFERRED METHOD OF RECEIVING THE PLAT: (circle one)

PICK UP

MAIL

E-MAIL

Requested By: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Contact Name/Attn: _____

Phone: _____ Fax: _____

E-Mail: _____