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	Pro	operty Index Number (PIN) on	Website
Street Number and Name		City, State, & Zip Code	
Name of Requesting Customer		Phone Number of Requesting Customer	
Property Owner Name (if different)		Email Address of Requesting Customer	
Document #:		Document Type:	
Document #:		Document Type:	
		THIS REQUEST (THE DISCREP AND HOW IT SHOULD ACTUA	
CUSTOMERS PLEASE D	O NOT W	/RITE BELOW - FOR CLERK'S C	OFFICE USE ONLY
Date Request Received	Clerk's	S Staff Member Received By	ID Type Verified
Date Processed by DBM	Comp	leted by DBM Staff Member	Cust. Contacted