

FRANKLIN COUNTY RECORDING
COVER SHEET

NAME AND RETURN ADDRESS:

FORM COMPLETED BY: _____ PHONE # _____
PLEASE PRINT OR TYPE INFORMATION:

DOCUMENT TITLE(S) (or transaction contained therein) 1. 2. 3.
GRANTOR(S) (Last name, first name, middle name/initials): 1. 2. 3. 4. <input type="checkbox"/> Additional names on page _____ of document
GRANTEE(S) (Last name, first name, middle name/initials): 1. 2. 3. 4. <input type="checkbox"/> Additional names on page _____ of document
LEGAL DESCRIPTION (Abbreviated: ie.lot, block, plat or section, township, range) <input type="checkbox"/> Additional legal is on page _____ of document
AUDITOR'S REFERENCE NUMBER(S)
ASSESSOR'S PROPERTY TAX PARCEL NUMBER <input type="checkbox"/> Additional parcel numbers on page _____ of document
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information

EMERGENCY NONSTANDARD REQUEST

I am requesting an emergency nonstandard recording for an additional fee of \$50.00 as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Signature Date