

RETURN ADDRESS

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Please print neatly or type information

**Document Title(s)**

\_\_\_\_\_

**Reference Number(s) of related documents:**

\_\_\_\_\_ Additional Reference #'s on page \_\_\_\_\_

**Grantor(s)** (Last name, First name and Middle Initial)

\_\_\_\_\_ Additional grantors on page \_\_\_\_\_

**Grantee(s)** (Last name, First name and Middle Initial)

\_\_\_\_\_ Additional grantees on page \_\_\_\_\_

**Legal Description:** (abbreviated form: i.e. lot, block, plat or section township, range, quarter/quarter)

\_\_\_\_\_ Additional legal is on page \_\_\_\_\_

**Assessor's Property Tax Parcel/Account Number**

\_\_\_\_\_ Additional parcel #'s on page \_\_\_\_\_

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 provided herein.

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

\_\_\_\_\_  
**Signature of Requesting Party**