



KAREN A. YARBROUGH | COOK COUNTY CLERK'S OFFICE

REAL ESTATE & TAX SERVICES DIVISION

118 N. CLARK ST., RM. 434, CHICAGO, ILLINOIS 60602

Telephone: 312.603.5645 | Fax: 312.603.4707 | Web Address: www.cookcountyclerkil.gov

CERTIFIED LEGAL DESCRIPTION ORDER FORM

PLEASE NOTE: Certified Legal Description requests take at least 24-hours to prepare and require full payment be made prior to initiation. It is recommended that for large orders you please contact our office in advance to inquire about potential fulfillment times. If requesting the below order be fulfilled via mail, please be advised that it will be sent USPS, standard mail, so please allow time for delivery. Thank you for your business and we look forward to fulfilling your order as quickly as possible.

NAME OF REQUESTER (ABOVE)

CONTACT PHONE NUMBER OF REQUESTER (ABOVE)

ADDRESS (STREET NUMBER, NAME, ETC.) OF REQUESTER (ABOVE)

CITY, STATE & ZIP CODE OF REQUESTER (ABOVE)

EMAIL ADDRESS OF REQUESTER (ABOVE)

\$10 PER PROPERTY IDENTIFICATION NUMBER (PIN)

SAMPLE PIN (LOCATED ON TAX BILL): 12-23-345-567-0000

PLEASE LIST ANY REQUESTED PIN(S) BELOW:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

REAL ESTATE AND TAX SERVICE
OFFICE OF COOK COUNTY CLERK KAREN A. YARBROUGH
118 N. Clark Street, Room 434, Chicago, Illinois 60602

Tel 312.603.5645 FAX 312.603.4707 WEB www.cookcountyclerkil.gov

I CERTIFY THAT, ACCORDING TO THE RECORDS HELD BY THE COOK COUNTY CLERK'S OFFICE, THE TAX PARCEL WHICH IS KNOWN BY THE PERMANENT REAL ESTATE INDEX NUMBER (PIN) OF:

12-23-345-567-0000

CORRESPONDS TO THE FOLLOWING LEGAL DESCRIPTION:

LOT X IN COUNTY CLERK'S SUBDIVISION OF PART OF LOT 1 IN COOK COUNTY SUBDIVISION IN SECTION 23 TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Signature 01/01/2023

COOK COUNTY CLERK / DATE

SAMPLE CERTIFIED LEGAL DESCRIPTION ABOVE

IF PAYING BY CHECK, PLEASE MAKE PAYABLE TO COOK COUNTY CLERK & SEND TO: 118 N. CLARK ST., RM. 434, CHI, IL 60602

PLEASE INDICATE DESIRED FULFILLMENT METHOD BELOW:

☐ Will pickup in office after 24 hours (receipt required)

☐ Please mail to above-listed address (5 - 7 days)

Please email to above-listed email address

Please fax to the following phone number (list below):

() --

CALCULATE THE TOTAL COST OF THIS REQUEST BELOW:

of PIN's requested

Cost per PIN

TOTAL COST OF REQUEST

X \$10 = \$

CREDIT AND/OR DEBIT CARDS ACCEPTED IN OFFICE ONLY