

## RECORDING LIST

<b>CITY OF PHILADELPHIA</b>	<b>DEPARTMENT OF RECORDS</b>	<b>1. Date received:</b>
Individual or company submitting documents		2. Walk-in <input type="checkbox"/> Mail <input type="checkbox"/>
Street Address _____		Telephone Number _____
City _____ State _____ Zip Code _____		Fax Number _____
<input type="checkbox"/> Check here if documents are to be returned by mail. If return address is different than above, fill in correct address below: Name: _____ Address: _____ _____ _____		<input type="checkbox"/> Check here if documents are to be picked up at Document Return. You MUST have a copy of this Recording List to receive the documents.
Contact Person _____		

PREMISES	3. Document Type	4. Rejection	5. # of Pages	6. RTT		7. Add'l Legal Desc's	8. Addt'l Ref's	9. Addt'l UCC Debtors	10. Prev. Rejection	11. No Charge
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NOTE: <i>Shaded</i> areas are for internal Department use only.	12. Total Documents Submitted		13. Total Documents Recorded		14. Total Docs Rejected		15. Amount of Bulk Filer Fee Paid			