Clear Form | Print Form

RECORDING LIST

CITY OF PHILADELPHIA | **DEPARTMENT OF RECORDS**

1. Date Received:

2. Walk-in: ☐ **Mail:** ☐

Individual or company submitting documents

Telephone Number

Fax Number

Contact Person

Street Address

City **State** **Zip Code**

☐ Check here if documents are to be returned by mail. If return address is different than above, fill in the correct address below:

Name: _____

Address: _____

☐ Check here if documents are to be picked up at Document Return. You MUST have a copy of the Recording List to receive the documents.

NOTE: ***Shaded*** areas are for internal Department use only.

3. Total Documents Submitted	4. Total Documents Recorded	5. Total Documents Rejected	6. Amount of Bulk Filer Fee Paid

	PREMISES	7. Document Type	8. # of Pages	9. Rejection	10. RTT State	10. RTT Local	11. Add'l Legal Desc's	12. Add'l Ref's	13. Add'l UCC Debtors	14. Prev. Rejection	15. No Charge
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