

RETURN ADDRESS

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**Please Type or Print Neatly & Clearly All Information**

**Document Title(s)**

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**Reference Number(s) of Related Documents**

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**Grantor(s)** (Last Name, First & Middle Initial)

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**Grantee(s)** (Last Name, First & Middle Initial)

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**Legal Description** (Abbreviated form is acceptable) i.e. Section/Township/Range/1/4 Section

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**Assessor's Tax Parcel ID Number:** \_\_\_\_\_

The County Auditor 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.

**Sign below only if your document is Non-Standard.**

I am requesting an emergency non-standard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some parts of the text of the original document. Fee for non-standard processing is \$50.

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Signature of Requesting Party