



DATE/TIME STAMP

**LOS ANGELES COUNTY RECORDER REQUEST FORM**

**\*\*MUST BE SUBMITTED WITH KERN INSTRUCTION FORM\*\***

**FIRM/CLIENT NAME** \_\_\_\_\_ **KERN ACCT #:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_ **INSTRUCTION#:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**FILING INSTRUCTIONS**  
(INDICATE ANY AND ALL SPECIAL INSTRUCTIONS BELOW)

**NUMBER OF DOCUMENTS:** \_\_\_\_\_ **AMOUNT ENCLOSED \$:** \_\_\_\_\_

**LIST OF DOCUMENTS ATTACHED:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE CHECK APPROPRIATE BOXES:**

- RECORD AND CONFORM**
- RECORD ALL DOCUMENTS THAT ARE NOT REJECTED**
- DO NOT RECORD ANY OF THE DOCUMENT IF ANY OF THEM ARE REJECTED**
- OBTAIN \_\_\_ CERTIFIED COPY(S) OF RECORDED DOCUMENTS**
- PLEASE RETURN A RECEIPT**
- PLEASE RECORD WITHOUT PCOR FORM**

**ADDITIONAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_