



San Bernardino County
 Assessor-Recorder-Clerk
 222 W. Hospitality Lane, 1st Floor
 San Bernardino CA 92415-0022

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

Request for Index Entry Correction

Requestor's Name: _____
 Address: _____
 Telephone No.: _____

I, hereby declare that I have located a record whose indexing information is incorrect and that I am in fact a person who is part of or related to the record. Therefore, I am requesting for the Recorder to correct the index entry as follows:

This request shall identify the exact location of the error and include sufficient evidence to the Recorder to verify the claim.

RECORDED DOCUMENT - PURSUANT TO GOVERNMENT CODE SECTION 27201(2)(A)(B)(C)

Title of Document: _____

Date Recorded: _____ Book: _____ Page: _____ Instrument No.: _____

Located on Page Number: _____ Paragraph: _____ Line No.: _____

Executed at _____ on _____
Place Date

Signature

Upon verification of the evidence submitted, the recorder shall correct the index within 30 days of this request being received. The Index shall reflect the corrected index entry and the error index entry.

This area is for use by employees of the County of San Bernardino Recorder- County Clerk's Office

Document indexed by: _____ Date: _____

Confirmation letter sent by: _____ Date: _____

Comment(s): _____