

Standard Recording Slip

NOTE: IF ANY DOCUMENT IS REJECTED, THE ENTIRE PACKAGE WILL BE RETURNED

To: Olmsted County, MN	Abstract	Date:
	Torrens - Number	

Please record in the following order:

	Document Type	Description	MRT	SDT	Recording Fees
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

From (Company Name):	Address (Company Address):
----------------------	----------------------------

Presented by:	Phone Number	Account Number
Contact Name:		

Return to (if different from presenter):

Special Instructions:

File Number: