

Missouri Department of Revenue Statutory County Recorder's Fund

County Name			In the space provided below, ther the number of instruments recorded pursuant to section 1 and 2 of <u>Section 59.330, RSMo.</u>		
County Address			Number of instruments recordered: x 2 =		
Month of Collections			Check Number		
≌ Under I	penalties of perjury, I declare that th	e above information and ar	nv attached supple	ment is true, complete, and correct.	
Under penalties of perjury, I declare that the above information and a Signature of Recorder			Date (MM/DD/YYYY)		
Form 4922 County Name	Missouri Department o Statutory County Reco		In the space pro	vided below, tner the number of instruments	recorded pursuant
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					022 (Revised 10-2015)
Mail to: Taxation Division Phone: (573) 751-590 P.O. Box 453 Fax: (573) 522-1720 Jefferson City, MO 65105-0453 E-mail: countyfees @				Visit http://dor.mo.gov/business/citycounty/ for additional information.	
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