

**LA COUNTY RECORDERS
INSTRUCTION SLIP**



**UNITED
ATTORNEY SERVICE**

P.O. Box 6371
Alhambra, CA 91802-6371
Telephone: 626.289.8800 | Fax: 626.289.8860
www.aunited.com | info@aunited.com

Envelope Number _____

Timeclock Stamp

CLIENT INFORMATION	
Firm Name	A-United Attorney Service
Client Name	
Mailing Address	PO Box 6371
City/State/Zip	Alhambra, CA 91802
Telephone	626-289-8800
(X) Pick Up	() Mail Back
Number of documents attached to this sheet	
<i>When submitting multiple documents, please number each document (in the lower right hand corner of the first page) in the order they are to be recorded.</i>	

EXAMINER: Please use the table below to enter the price of each document			
1.	6.	11.	16.
2.	7.	12.	17.
3.	8.	13.	18.
4.	9.	14.	19.
5.	10.	15.	20.
Return	Certified Copy(ies) of Document Number(s):		
Fee: \$6.00 for 1 st page and \$3.00 for each additional page of each document. If not requested at time of recording, copy(ies) will not be available for approximately 1 month from the date of recording.			
A-United is to advance if client's check is insufficient or exceeds fee () Yes () No			

SPECIAL INSTRUCTIONS – PLEASE TYPE OR PRINT LEGIBLY
Any additional fees will be paid by A-United upon pick up.

TYPE OF PAYMENT (DO NOT SEND CASH)		
() Client "Not to Exceed" Check	\$	Check No.
() Client Check	\$	Check No.
() Client "Blank" Check	NTE	Check No.
() A-United Advance Check		Check No.

FOR A-UNITED USE ONLY	
Date Received	Recording Fee \$
Date dropped off for processing	A-United Advance Fee \$
Date picked up from Recorders	Other Fees: \$
Spoke with _____ at Firm	Total \$
Notes:	<i>Invoice Number</i> _____