Form **4922**

Missouri Department of Revenue
Statutory County Recorder's Fund

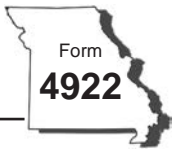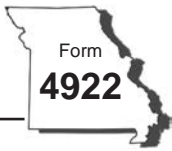| County Name	In the space provided below, tner the number of instruments recorded pursuant to section 1 and 2 of **Section 59.330, RSMo.**
County Address	Number of instruments recordered: _____ x 2 = _____
Month of Collections	Check Number _____

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Signature of Recorder	Date (MM/DD/YYYY) __ __ /__ __ /__ __ __ __

Form 4922 (Revised 10-2015)

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Visit
http://dor.mo.gov/business/citycounty/
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