

Redaction Request Form (Public Act S.378)

(For images available online and maintained by the Recorder)

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PLEASE COMPLETE FORM AND RETURN TO THE OFFICE.

REQUESTOR NAME (please print)

ADDRESS

CITY

STATE ZIP

PHONE NUMBER

Please indicate the type of personal identification information to be redacted:

Please list the name(s), document number(s), and page number associated with the request:

Signature: _____ DATE: _____

TO BE COMPLETED BY RECORDER'S OFFICE:

Date Received: _____

Manner in which request was received: _____

Received by: _____

Redaction complete: _____

DATE

SIGNATURE