

Redaction Request Form

(For images available on-line and maintained by the Recorder)

Dawn M. Young, Recorder
Whiteside County
200 East Knox Street
Morrison IL 61270
815.772.5192 Phone
815.772.5241 Fax

This request must be made in writing and delivered by mail, facsimile or in person .

REQUESTOR NAME (please print)

ADDRESS CITY STATE ZIP

PHONE

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: _____

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TO BE COMPLETED BY RECORDER'S OFFICE:

Date received: _____

Manner in which request was received: _____

Received by: _____

Redaction complete: _____
Date Initials