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

Dawn M. Young, Recorder
Whiteside County
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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