

Kendall County Recorder
111 W Fox St, Yorkville IL 60560

Phone: 630-553-4112 Fax: 630-553-5283

Redaction Request
Removal of Personal Information Requisition Form

The request must be made in writing and delivered by mail, facsimile, or in person to the office of the recorder.

Name of Holder Information _____

Address _____

Phone Number _____

Relationship of Requestor
(Circle one) Self
 Attorney
 Legal Guardian

Check which numbers to remove:

<input type="checkbox"/>	Social security number
<input type="checkbox"/>	Employer taxpayer identification number
<input type="checkbox"/>	Driver's license number
<input type="checkbox"/>	State identification number
<input type="checkbox"/>	Passport number
<input type="checkbox"/>	Checking account number
<input type="checkbox"/>	Savings account number
<input type="checkbox"/>	Credit card number
<input type="checkbox"/>	Debit card number

Please list the Document numbers (with page numbers) that contain the checked numbers: _____

By submitting this request, you are attesting that you are who you represent you are and if you are not the person listed in the document, you have the consent of that individual to act on their behalf.

Signature _____ **Date** _____