



LakeCounty

Lake County Clerk's Office
Recording Division

Document Image Redaction Request Form

Effective Date: January 1, 2009

18 N COUNTY ST - 6TH FLOOR
WAUKEGAN, IL 60085-4358
(847) 377-2575
FAX: (847) 984-5860

Please use this form for removal of Social Security Numbers & Personal Numbers on imaged documents recorded in the Lake County Clerk's Office. Please note: Illinois State Statute, HB5586, **exempts State or Federal Liens and Death Certificates from redaction.**

To complete this form, you must provide the Lake County Clerk's Office with the document number of each document you wish to have redacted. You may wish to visit our office, to complete a thorough search of the records, for the appropriate document numbers needed to complete this form.

Note: All fields are required.

Name: _____

Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Please list the document numbers below and check the appropriate box referencing the personal information you would like deleted.

- Social Security Number
- Employer Taxpayer Identification Number
- Driver's License Number
- State Identification Number
- Passport Number
- Checking/Savings Account Number
- Credit/Debit Card/PIN Code Number

If you have any questions regarding this form, please contact the Recording Division of the Lake County Clerk's Office at (847) 377-2575.

By submitting this request, you are attesting that you are the person whose Social Security Number or Personal Number appears on the document number(s) listed above.

OFFICE USE ONLY	Requested	Redacted	Date
STAFF INITIALS			