



## Document Image Redaction Request Form Lake County Recorder

Effective Date: January 1, 2009

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Waukegan, IL 60085-4358  
Phone: (847) 377-2575  
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Please use this form for removal of Social Security Numbers & Personal Numbers on imaged documents recorded in the Lake County Recorder'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 Recorder'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 Number

If you have any questions regarding this form, please contact the Lake County Recorder's Office/Copies Department at 847-377-2678.

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			