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:

	Social security number
	Employer taxpayer identification number
	Driver's license number
	State identification number
	Passport number
	Checking account number
	Savings account number
	Credit card number
	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** _____