

THE OFFICE OF THE COUNTY CLERK COUNTY OF MONMOUTH

CHRISTINE GIORDANO HANLON
MONMOUTH COUNTY CLERK



P.O. BOX 1251
FREEHOLD, N.J. 07728-1251
Phone: 732-431-7324
Fax: 732-761-9371

SOCIAL SECURITY NUMBER REDACTION REQUEST FORM

New Jersey law, (C47:1A-1 et seq), effective July 8, 2002, provides that certain government records shall be made available to the public for inspection, examination and copying. The addendum to Title 47, signed into law on June 16, 2005, permits redaction of Social Security numbers and other specific information by the County Clerk from certain documents intended for public recording. To request redaction of Social Security numbers or specific personal information from a document, the requester must supply the County Clerk with a copy of the recorded document in question along with this completed form. Average time required by the County Clerk to comply is 7 working days.

Name of Requester: _____

Address: _____

Phone: _____

Signature: _____ Date: _____

Description of Document(s) requiring redaction:

Instrument Number: _____ Book: _____ Page: _____

Document Type: _____ Recording Date: _____

Instrument Number: _____ Book: _____ Page: _____

Document Type: _____ Recording Date: _____

Instrument Number: _____ Book: _____ Page: _____

Document Type: _____ Recording Date: _____

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FOR OFFICE USE ONLY

County Clerk Employee Name: _____

Date Request Received: _____ Date Completed: _____

County Clerk Employee Signature: _____

Note: _____

Fee for processing redaction is \$10.00 each request. Please make check payable to "Monmouth County Clerk" (Custodian reserves right to charge special service fee for extraordinary request and to require prepayment of fees and/or deposit). **Please return this form to: Monmouth County Clerk, 33 Mechanic Street, Freehold, NJ 07728**