

**REQUEST TO THE MONROE COUNTY CLERK OF COURT
TO RELEASE REDACTED INFORMATION ON RECORDED DOCUMENTS
(Request by Protected Party)**

This request is made by

Full Name: _____ Date of Request: _____

Telephone Number: _____ Email Address: _____

I request that the Monroe County Clerk of Court release an unredacted copy of the following redacted recorded document:

Instrument Number	Book	Page	Document Title	Redacting Clerk

A copy of the redacted document(s) must be attached to this request.

I request that the clerk:

- Remove redaction(s) from electronic versions of the above document in the Official Records.
- Release a paper copy (applicable fees) of the document to:

**This document must be signed in the presence of a Deputy Clerk
Please provide a copy of ID**

Signature: _____ **Date:** _____

x _____

Signature of Deputy Clerk

(STAMP)