Yavapai County Recorder's Office
Michelle M. Burchill, Recorder

SOCIAL SECURITY REDACTION REQUEST FORM

This form is to request removal of your social security number from recorded documents

NAME: _____

ADDRESS: _____

CITY: _____ **STATE**: _____ **ZIP:**_____

PHONE: _____

PLEASE PROVIDE THE BOOK AND PAGE OF THE DOCUMENT/S YOU ARE REQUESTING TO BE REDACTED

BOOK	PAGE	BOOK	PAGE

This request may be delivered in person or by mail to the address below

Yavapai County Recorder
1015 Fair Street
Room 228
Prescott, AZ 86305

SIGNATURE: _____

DATE: _____