



**Office of the Essex County Clerk**

Joseph A. Provoncha  
7559 Court Street, PO Box 247  
Elizabethtown, NY 12932  
(518) 873-3600

**Redaction Request Form**

*In accordance with Public Officers Law §96-g and 22 NYCRR §202.5(e)*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*I hereby request redaction of the:*

\_\_\_\_\_ Taxpayer Identification Number,

\_\_\_\_\_ Date of Birth,

\_\_\_\_\_ Full Name of a Minor, and/or

\_\_\_\_\_ Financial Account Number

*contained in the specific document listed below:*

Document Description: \_\_\_\_\_

Book & Page or Instrument Number: \_\_\_\_\_

Civil Index Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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**COUNTY CLERK'S USE ONLY**

REDACTION APPROVED: YES NO

DATE REDACTION COMPLETED: \_\_\_\_\_

REDACTION PERFORMED BY: \_\_\_\_\_

TYPE OF IDENTIFICATION PROVIDED: \_\_\_\_\_