

Authorization to redact personal information:

I, the undersigned, request that the Recorder of Deeds of New Castle County, DE redact my personal information from the image of an official record placed on the Recorder of Deeds Imaging Retrieval System which is available to the general public both via the internet and the Recorder of Deeds Library.

Signature _____ Date _____

Print Name: _____

Address: _____

Phone Number: (_____) _____ - _____

Email Address: _____

***The Recorder of Deeds of New Castle County shall have no liability for failure to redact sensitive identifiable information.**

For Internal Use Only:

Redacted by: _____ Date: _____