

THE OFFICE OF THE COUNTY CLERK COUNTY OF MONMOUTH

CHRISTINE GIORDANO HANLON
MONMOUTH COUNTY CLERK



MARKET YARD
P.O. BOX 1251
FREEHOLD, N. J. 07728-1251
732-431-7324

OPRA REMOVAL/REDACTION REQUEST FORM

1. Name: _____

2. Position or Title: _____

3. Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____

4. Description of Document(s) requiring Removal/Redaction:

Instrument #: _____ Book: _____ Page: _____

Document Type: _____ Recording Date: _____

Instrument #: _____ Book: _____ Page: _____

Document Type: _____ Recording Date: _____

5. I certify that I am a: ___ Judge ___ Law Enforcement Officer
 ___ Prosecutor ___ Immediate Family Member

6. If immediate family member, please specify Name, Title (i.e.: Judge, Prosecutor, or Law Enforcement Officer) and relationship to stated official.

7. Signature of Official: _____ Date: _____

8. Immediate Family Member Signature _____ Date: _____

FOR OFFICE USE ONLY

Date Request Received: _____ Date Completed: _____

County Clerk Employee Signature: _____

Notes: _____
