

Name & Return Address

Web Image Access Removal

Please print legibly in **black ink** or type information.

Requestor- I declare that the below-referenced documents are recorded with the Chelan County Auditor's Office for public viewing and that said documents contain my social security number, mother's maiden name, or driver's license number. I hereby request the Chelan County Auditor remove from its website access to the images of each recorded document referenced by an Auditor File Number below.

Last Name
(Grantor)

First Name

MI

RECORDING/AUDITOR FILE NUMBER

Web image access removal applies only to recorded documents that contain social security numbers, mother's maiden name, or driver's license numbers. Removal does not apply to signatures, addresses or other public information.

There is no fee for recording this document. Please mail this document to the Chelan County Auditor ATTN: Recording Department, P.O. Box 400, Wenatchee, WA 98807.

**Documents viewed at or distributed by the Auditor's
Office will not be similarly protected**