

**Request For Social Security Number, or
Bank Account/Charge/Debit Card Number
Removal from Public Records
under FS 119.071(5)(a)7**

Date: _____

Name of Holder of SS#, Account# or Card #: _____

Phone Number (*optional*): _____

Relationship to Requester:

Self Attorney (specify) Legal Guardian (specify)

As included in the Public Record under (provide where applicable):

Court Case # (Court Documents)	Instrument # or Book/Page (Official Records)	Document Name/Type	For redaction/removal of:
_____	_____	_____	<input type="checkbox"/> Social Security Number <input type="checkbox"/> Bank Account Number <input type="checkbox"/> Charge/Debit Card Number
_____	_____	_____	<input type="checkbox"/> Social Security Number <input type="checkbox"/> Bank Account Number <input type="checkbox"/> Charge/Debit Card Number
_____	_____	_____	<input type="checkbox"/> Social Security Number <input type="checkbox"/> Bank Account Number <input type="checkbox"/> Charge/Debit Card Number
_____	_____	_____	<input type="checkbox"/> Social Security Number <input type="checkbox"/> Bank Account Number <input type="checkbox"/> Charge/Debit Card Number
_____	_____	_____	<input type="checkbox"/> Social Security Number <input type="checkbox"/> Bank Account Number <input type="checkbox"/> Charge/Debit Card Number
_____	_____	_____	<input type="checkbox"/> Social Security Number <input type="checkbox"/> Bank Account Number <input type="checkbox"/> Charge/Debit Card Number

Signature

For Office use only:

Date Request Received: _____

Date Request Completed: _____

Clerk Initials: _____

