

Request For Social Security Number or Bank
Account, Charge/Debit Card Number Removal
from Public Records

FS 119.071(5)(a)7

Date: _____

Name of Holder: _____

Phone Number (optional): _____

Relationship to Requester:

(_____) Self

(_____) Attorney (specify)

(_____) Legal Guardian (specify)

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

Court Case # (Court Documents)	Instrument # or Book/Pg (Official Records)	Doc Name/Type	Redact/Remove
_____	_____	_____	<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: _____