

**Request for Social Security Number, or
Bank Account/Charge/Debit Card Number
Removal from Public Records under FS 119.0714(2)**

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
_____	_____	_____	<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: _____