

**REQUEST FOR SOCIAL SECURITY NUMBERS, OR BANK  
ACCOUNT/CHARGE/DEBIT CARD NUMBER  
REMOVAL FROM PUBLIC RECORDS  
UNDER FS 119.071(5)(a)7**

**TO: Nicholas Thomas – Clerk of Circuit Court  
Gadsden County, Florida**

Date: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Phone Number (optional): \_\_\_\_\_

Relationship to Requester:            Self            Attorney            Legal Guardian

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

<u>OFFICIAL RECORDS</u> <u>Instrument # or Book &amp; Page #</u>	<u>Document Name/Type</u>	<u>For redaction/removal of:</u>
_____	_____	Social Security Number
_____	_____	Bank Account Number
_____	_____	Charge/Debit Card Number
_____	_____	Social Security Number
_____	_____	Bank Account Number
_____	_____	Charge/Debit Card Number
_____	_____	Social Security Number
_____	_____	Bank Account Number
_____	_____	Charge/Debit Card Number
_____	_____	Social Security Number
_____	_____	Bank Account Number
_____	_____	Charge/Debit Card Number

\_\_\_\_\_  
**Signature**

STATE OF FLORIDA  
COUNTY OF GADSDEN

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_, who is personally known to me or has produced identification.

\_\_\_\_\_  
Notary Public / Deputy Clerk Signature  
Print Name:

**For Clerk's Office Use Only:**  
Date Received \_\_\_\_\_ Date Completed \_\_\_\_\_ Clerk's Initials \_\_\_\_\_