

# 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: \_\_\_\_\_