

Request Form For Social Security or Account Number* Removal

per Florida Statute 119.0714(3)

*includes *complete* bank account, debit, charge, or credit card number

Date: _____

Name of Holder of SSN or Account Number:

Phone Number: (optional) _____

Relationship to Requester:

- Self
 Attorney, specify
 Legal Guardian, specify

For Redaction/Removal of SSN or Account Number from an Official Record Image on a Publicly Available Internet website, please provide:

Instrument Number/Book and Page Number/Document Type

Signature: _____

Date Request Received: _____

Date Request Completed: _____

Clerk Processing Request: _____

This document is used to request the removal/redaction of social security or account numbers on documents that are publicly available on the Clerk's Internet website. The request must be legibly written, signed, and delivered in person or by mail, facsimile, or electronic transmission to the Clerk/County Recorder. The request must specify the identification page number that contains the social security or account number. No fee is charged for this service.