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.