

Request Form for Social Security Number, Bank Account, Debit, Charge and Credit Card Number(s) Removal from public view

Date: _____

Name of Holder of Account Number: _____

Phone Number: (optional) _____

Relationship to Requestor:

- Self
- Attorney, specify
- Legal Guardian, specify

For Redaction/Removal of a Social Security Number or Bank/Credit/Debit/Charge Account Number from an "Official Record" Image on a Publicly Available Internet website, please provide:

Instrument Number/Book and Page Number/Document Type

For Redaction/Removal of a Social Security Number or Bank/Credit/Debit/Charge Account Number from "Court Records," please specify:

Case Name / Case Number / Document Heading / Page Number

Signature: _____

Submit completed form to:

Hernando County, Clerk of Court
Recording Division RM# 362
Attn: Patricia A. Galbraith
20 North Main Street, Brooksville, Fl. 34601

For Office Use Only:

Date Request Received: _____

Date Request Completed: _____

Clerk Processing Request: _____ Verified By: _____ (Supv.)