

**Request for Social Security Number,  
or Bank Account/Charge/Debit Card  
Number Removal from Public Records  
Under F.S. 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 Sec. # <input type="checkbox"/> Bank Acct # <input type="checkbox"/> Charge/Debit Card #
_____	_____	_____	<input type="checkbox"/> Social Sec. # <input type="checkbox"/> Bank Acct # <input type="checkbox"/> Charge/Debit Card #
_____	_____	_____	<input type="checkbox"/> Social Sec. # <input type="checkbox"/> Bank Acct # <input type="checkbox"/> Charge/Debit Card #
_____	_____	_____	<input type="checkbox"/> Social Sec. # <input type="checkbox"/> Bank Acct # <input type="checkbox"/> Charge/Debit Card #
_____	_____	_____	<input type="checkbox"/> Social Sec. # <input type="checkbox"/> Bank Acct # <input type="checkbox"/> Charge/Debit Card #
_____	_____	_____	<input type="checkbox"/> Social Sec. # <input type="checkbox"/> Bank Acct # <input type="checkbox"/> Charge/Debit Card #

\_\_\_\_\_  
Signature

**For Office Use only:**

Date Request Received: \_\_\_\_\_

Date Request Completed: \_\_\_\_\_

Clerk Initials: \_\_\_\_\_