



Robert W. Germaine
Clerk of Courts - Highlands County, Florida

REQUEST FORM FOR COMMERCIAL ENTITIES

Date: _____

To: Robert W. Germaine, Highlands County Clerk of Courts
590 S. Commerce Avenue
Sebring, Florida 33870
Attention: Antonia Rivera/Director of Official Records
#863-402-6596

Business Name: _____

Requestor's Name: (must be an authorized officer or agent): _____

Business Street Address: _____

Business Telephone #: _____

Statement of Specific Purpose for which Social Security number is needed and how the information will be used by requestor: (check one)

Please indicate your need for this access:

- Verification of the accuracy of personal information received by an entity in the normal course of business, including identification or prevention of fraud.
- Use in a civil, criminal, or administrative hearing.
- Use in law enforcement and/or investigation of crimes.
- Matching, verifying, or retrieving information.
- Other: Please explain

I, the undersigned, agree that I am an authorized officer and/or agent of the above named entity and have requested social security number(s) for a purpose under Florida Law. I further agree that the above stated purpose is true and accurate. Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts in it are true.

Signature

FOR OFFICE USE ONLY:

Date Request Received: _____

Date Request Completed: _____

Clerk Processing Request: _____

Any person who makes a false representation in order to obtain a social security number pursuant to ch. 2002-256, Laws of Florida, commits a felony of the third degree, punishable as provided in s. 775.082 or s. 775.083, F.S.