



**HIGHLANDS COUNTY
CLERK OF COURTS
ROBERT W. GERMAINE
(Pursuant to CS/HB 1673)**

REQUEST FORM FOR SOCIAL SECURITY NUMBER REMOVAL

Date:

Name of Holder of Social Security Number:

Name of Requestor:

Phone Number: (Optional)

Relationship to Requestor:

Self

Attorney, specify

Widow, Widower or Personal Representative

Legal guardian, specify

Address for Notification Purposes Only

Name:

Street:

City, State, Zip

For Redaction/Removal of Social Security Numbers from an Official Records Image on a Publicly Available Internet web site, please provide:

Instrument Number/Book and Page Number/Document Type

FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION MAY RESULT IN AN INABILITY TO PROCESS THIS REQUEST.

DISCLAIMER: Be advised your request is not retrospective; copies of the Public Record may have been disseminated prior to your request. It is the responsibility of the requestor to notify the Office of the Clerk of the Circuit Court and of any additional documents the requestor desires exempt status.

For Office Use Only:
Date Request Received: _____
Date Request Completed: _____
Document Redacted By: _____
Recording From/SS Number 9/19/2002

Requestor's Signature