



**HIGHLANDS COUNTY  
CLERK OF COURTS  
ROBERT W. GERMAINE**

**REQUEST FORM FOR OFFICIAL RECORDS REMOVAL**

(Pursuant to CS/HB 1673 under SB 24-E)  
(MILITARY DISCHARGE)

Date:

Name of Veteran:

Name of Requestor:

Phone Number: (Optional)

Relationship to Veteran:

Self

Attorney, specify

Widow, Widower or Personal Representative

Legal guardian, specify

Requestors Form of Identification:

**Address for Notification Purposes Only**

Name:

Street:

City, State, Zip

Instrument Number/Book and Page Number/Document Type to be removed:

**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 Removed By: \_\_\_\_\_  
Recording From/SS Number 9/19/2002

Requestor's Signature