

**HIGHLANDS COUNTY
CLERK OF COURTS
L. E. "LUKE" BROOKER
(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

<u>Address for Notification Purposes Only</u>

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 of any additional documents the requestor desires exempt status.

Requestor's Signature

For Office Use Only:

Date Request Received _____

Date Request Completed _____

Document Redacted By _____

Recording Form/ SS Number 9/19/02