

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

REQUEST FORM FOR OFFICIAL RECORDS REMOVAL

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

Date: _____

Name of Veteran: _____

Name of Requestor: _____

Relationship to Veteran:

- Self Attorney, specify
 Widow, Widower or Personal Representative Legal Guardian, specify

Requestor's Form of Identification: _____

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

Phone number (optional) _____

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 of any additional documents the requestor desires exempt status.

Requestor's Signature

For Office Use Only:
Date Request Received _____
Date Request Completed _____
Document Removed By _____