

Request Form for Bank Account, Debit, Charge and Credit Card Number Removal

Date:_____

Name of Holder of Social Security Number:_____

Daytime Phone Number:_____

Relationship to Requestor:

Self

Attorney, specify

Legal Guardian, specify

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

Instrument Number/Book and Page Number/Document Type

For Redaction/Removal of Social Security Numbers from Court Records, please specify:

Case Name/Case Number/Document Heading/Page Number

Signature:_____

Disclaimer: This request only addresses identified images/documents. Additional requests must be filed for future images/documents processed by the Clerk's Office.

For Office Use Only:

Date Request Received:_____

Date Request Completed:_____

Clerk Processing Request:_____