

# Request Form For Social Security or Account Number\* Removal

per Florida Statute 119.0714(2)

\*includes complete bank account, debit, charge, or credit card number

Date: \_\_\_\_\_

Name of holder of SSN or account number: \_\_\_\_\_

Phone number: (optional): \_\_\_\_\_

Relationship to requester:

Self

Attorney, specify: \_\_\_\_\_

Legal guardian, specify: \_\_\_\_\_

**For redaction/removal of SSN or account number from court records, please provide:**

**Case number, Plaintiff/Petitioner, Defendant/Respondent, document entry number, document name, page number**


**Signature:** \_\_\_\_\_

Date Request Received: \_\_\_\_\_

Date Request Completed: \_\_\_\_\_

Clerk Processing Request: \_\_\_\_\_

This document is used to request the removal/redaction of social security or account numbers on documents that are publicly available in the Clerk's Court Records. The request must be legibly written, signed, and delivered in person or by mail, facsimile, or electronic transmission to the Lake County Clerk of Circuit Court. The request must specify the identifying information of the document that contains the social security or account number. No fee is charged for this service.

Please complete and mail or fax form to: Lake County Clerk of Circuit Court,  
550 West Main Street, Post Office Box 7800, Tavares, FL 32778-7800  
FAX: (352) 742-4166