

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

per Florida Statute 119.0714(3)

\*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 an Official Record Image on a Publicly Available Internet website, please provide:**

Instrument Number/Book and Page Number/Document Type


**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 on the Clerk's Internet website. The request must be legibly written, signed, and delivered in person or by mail, facsimile, or electronic transmission to the Clerk/County Recorder. The request must specify the identification page number that contains the social security or account number. No fee is charged for this service.

Please complete and return to: *Recording Division, Lake County Clerk of Circuit Court, 550 W. Main Street, Post Office Box 7800, Tavares, FL 32778-7800*

FAX: (352) 253-2616 Email: [recordingdivision@lakecountyclerk.org](mailto:recordingdivision@lakecountyclerk.org)

Revised 05/29/2015