

**REQUEST FOR SOCIAL SECURITY OR ACCOUNT NUMBER\* REMOVAL**

\*Include bank account, debit, charge, or credit card number

Name of Holder of SSN/Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Requester:

- Self
- Attorney
- Legal Guardian

For redaction/removal of SSN or Account Number from Official Record image on a publicly available internet website, please provide the following information:

<b>Instrument (File) Number</b>	<b>Book / Page Number</b>	<b>Document Type</b>

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

Printed Name: \_\_\_\_\_

Mailing Address:  
Clerk of Court  
Attn: Official Records  
945 N. Temple Avenue  
Starke, FL 32091

Hand Delivery:  
Bradford County Courthouse  
945 N. Temple Avenue  
Official Records Dept.  
Starke, FL 32091

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*For Office Use Only:*  
Date Received: \_\_\_\_\_  
Date Completed: \_\_\_\_\_  
Images Modified by: \_\_\_\_\_