

# Private Numbers Internet Redaction Form

Use this form to request the redaction/removal of Social Security, Complete Bank Account, Debit, Charge, and/or Credit Card Number from images on the Hillsborough County publicly available Official Records Internet website

Date of Request: \_\_\_\_\_

Name of Person Associated With the Information to Be Redacted:

\_\_\_\_\_

Requester's Name: \_\_\_\_\_

Relationship to Person Associated With the Information to Be Redacted:

Self

Attorney

Legal Guardian

Requester's Phone Number (optional): \_\_\_\_\_

Requester's Email Address (optional): \_\_\_\_\_

**Information required for redaction/removal of Social Security, Complete Bank Account, Debit, Charge, or Credit Card Number from an image on the Internet website pursuant to F.S. 119.0721 and 28.2221.**

Instrument # \_\_\_\_\_ Book # \_\_\_\_\_ Page # \_\_\_\_\_  
Type of Information: Soc. Sec. #  Bank Account #  Credit/Debit/Charge Acct #

Instrument # \_\_\_\_\_ Book # \_\_\_\_\_ Page # \_\_\_\_\_  
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Instrument # \_\_\_\_\_ Book # \_\_\_\_\_ Page # \_\_\_\_\_  
Type of Information: Soc. Sec. #  Bank Account #  Credit/Debit/Charge Acct #

**Please complete this form and deliver it in person, by mail, or facsimile.**

**Location:** Clerk of the Circuit Court  
Recording Department  
Rm # 140  
419 Pierce St.  
Tampa, Florida 33602

**Mailing Address:** Clerk of Circuit Court  
Recording Department  
P.O. Box 3249  
Tampa, FL 33601

**Fax:** (813) 276-2114

## For Office Use Only:

<b>Date Request Received:</b> _____	<b>Date Request Completed:</b> _____
<b>Received by:</b> _____, Deputy Clerk	