

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 #

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

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

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

Email: Recording@hillsclerk.com

Fax: (813) 272-5004

For Office Use Only:

Date Request Received: _____ **Date Request Completed:** _____

Received by: _____, Deputy Clerk