



Ken Burke
 Clerk of the Circuit Court
 Pinellas County

REQUEST FOR REMOVAL OF INFORMATION

Information To Be Removed:

Social Security Number Bank Account, Credit, Debit or Charge Card Number

 Name of Holder of Information

 Phone Number (required)

 E-Mail Address (optional)

Relationship to Requestor:

Self Attorney Legal Guardian

1. For removal of Social Security, Bank Account, Credit, Debit or Charge Card Number from an **Official Records** Image on the Internet:

<u>Document Type</u>	<u>Book/Page Number</u>	<u>Information to be Redacted/Removed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. The Clerk will remove only the information specified in this request.

For removal of Social Security, Bank Account, Credit, Debit or Charge Card Number from **Court Records**:

<u>Case Number</u>	<u>Case Name</u>	<u>Document Name</u>	<u>File Date</u>	<u>Page Number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

 Signature of Requestor

 Date of Request

NOTE: Only information authorized by Florida Statutes to be redacted/removed may be removed from a document by the Clerk.

Please Return to: Ken Burke, Clerk of the Circuit Court, Official Records, Room 163,
 315 Court Street, Clearwater, FL 33756

For Office Use Only:

Request Received: _____

Request Completed: _____

Clerk Completing Request: _____