

REQUEST FOR PUBLIC RECORD REDACTION

SEND TO: Grant Maloy
Clerk of the Circuit Court and Comptroller
Seminole County
Post Office Box 8099
Sanford, FL 32772

Please note that your request may be delivered to the Clerk of the Circuit Court and Comptroller in person, by mail, by facsimile, or by electronic submission.

I am filing this request for redaction of the following number:

- _____ Social Security Number (Pursuant to Section 119.0714, Florida Statutes)
- _____ Bank Account Number (Pursuant to Section 119.0714, Florida Statutes)
- _____ Debit Card Number (Pursuant to Section 119.0714, Florida Statutes)
- _____ Charge Card Number (Pursuant to Section 119.0714, Florida Statutes)
- _____ Credit Card Number (Pursuant to Section 119.0714, Florida Statutes)

The number appearing on the Clerk of the Court’s publicly available Internet website pertaining to me follows:

<u>Date Recorded</u>	<u>Instrument Number</u>	<u>Book</u>	<u>Page</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For redaction/removal from court records, please specify:

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

Please print clearly or use a typewriter to complete the following lines.

Full name of affected individual: _____

Telephone Number (optional): _____

I agree to indemnify and hold harmless the Seminole County Clerk and the Clerk’s staff for actions or omissions that may be the direct or indirect result of this request for public record redaction. Further, I agree to personally identify those documents of record pertaining to the affected individual.

Signature of Requestor: _____
(Individual; Attorney; or, Legal Guardian)

Printed Name of Requestor: _____

Date: _____

For Office Use Only:

Date Request Received _____

Date Request Completed _____

Clerk Processing Request _____