

**REQUEST FOR PUBLIC RECORD REDACTION**

DELIVER TO: Maryanne Morse  
Clerk of the Circuit Court  
Seminole County  
Post Office Box 8099  
Sanford, Florida 32772

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

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

- \_\_\_\_\_ Social Security Number (Pursuant to Florida Statutes 119.072 and 119.07(3))
- \_\_\_\_\_ Bank Account Number (Pursuant to Florida Statutes 119.07(3))
- \_\_\_\_\_ Debit Card Number (Pursuant to Florida Statutes 119.07(3))
- \_\_\_\_\_ Charge Card Number (Pursuant to Florida Statutes 119.07(3))
- \_\_\_\_\_ Credit Card Number (Pursuant to Florida Statutes 119.07(3))

**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 reactions that may be the direct or indirect result of this request for confidentiality. 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 \_\_\_\_\_