Request for Removal of Social Security Information

_____

Name: _____ Phone Number _____

Identification Provided:

☐ Self

☐ Attorney _____

☐ Legal Representative _____

This form can only be used to identify those records for Redaction of Social Security Numbers from an image in the Sumter County Official Records on a Publicly available website. The following information **MUST** be provided to our staff:

Instrument Number:	Book	Page	Document Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For Redaction of Social Security Numbers from **COURT RECORDS,** you must provide:

Case Number:	Document Name:	Page
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____

* Notarized signature is required for mailing, or completed in presence of Deputy Clerk *

State of Florida County of _____
Sworn to (or affirmed) and subscribed before me this _____day of 20_____,
by_____
Personally known _____ or produced identification_____.

Type of identification produced: _____

Signature of Notary _____

DEPUTY CLERK Signature & Print _____

Disclaimer:
This request will only address those records identified. For all future documents additional request must be completed

Official Use ONLY Request Received On: _____ Completed On: _____

Processed By: _____