

**CLERK OF THE CIRCUIT COURT
SARASOTA COUNTY, FLORIDA**

**Request to Remove Bank Account, Debit,
Charge or Credit Card Numbers from Official Records/Court File**

Name of Requestor: _____

Widow
 Personal Representative
 Guardian
 Attorney

Name of Holder of Number If Different from Requestor: _____

Contact Information:

Address: _____

Phone: _____

For Redaction/Removal of Bank Account, Debit, Charge or Credit Card Numbers from an image or copy of an Official Record placed on the Clerk/County Recorder's publicly available Internet website.

	Instrument Number	(Prior to 1998) Book & Page Number	Document Type and Page Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

For Redaction/Removal of Bank Account, Debit, Charge or Credit Card Numbers from Court Records, please specify:

	Case Number	Document Number	Page Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION MAY RESULT IN AN INABILITY TO PROCESS THIS REQUEST.

REDACTION ONLY APPLIES TO FULL BANK, DEBIT, CHARGE OR CREDIT CARD NUMBERS.

DISCLAIMER: Be advised your request is not retrospective; copies of the Public Record may have been disseminated prior to your request. It is the responsibility of the requestor to notify the Office of the Clerk of the Circuit Court of any additional or future documents the requestor desires exempt status.

 Signature Date

FOR OFFICE USE ONLY:

Request No. _____ Received by: _____ Date: _____

Documents Prepared by: _____

Media	Distribution: Sent to Date:	Processed: Sign & Date	Received: Records Management
Case Management			
Official Records			
Paper			
Microforms			
Internet			
Original to Records Manager	Completed:		