

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

**Request to Remove Social Security Numbers and/or Court Records  
from the Official Records**

**Please note: Pursuant to IRS Code 6323(F), Social Security Numbers on Federal Tax Liens are not eligible for redaction.**

Date: \_\_\_\_\_

Name of Holder of Social Security Number: \_\_\_\_\_

Phone Number: (optional) \_\_\_\_\_

Relationship to Requester: \_\_\_\_\_

- Self
- Attorney (Specify) \_\_\_\_\_
- Legal Guardian (Specify) \_\_\_\_\_

**For Redaction/Removal of Social Security Number 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
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**For Redaction/Removal of Social Security Number 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.**

**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	<b>Completed:</b>		