



Clerk of the Circuit Court and County Comptroller

Sarasota County, FL

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

(F.S. §119.071)

DISCLAIMER: Please be advised that 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 Sarasota Clerk and Comptroller of any additional or future documents the requestor desires exempt status.

NOTE / INSTRUCTIONS:

- Redaction or removal applies to full bank, debit, charge or credit card numbers only. Partial account, debit, card numbers will not be redacted.
- Failure to provide complete and accurate information may result in an inability to process this request.
- Return completed form by mail, fax, or email.

MAIL: Sarasota County Clerk and Comptroller

Attn: Public Access

P.O. Box 3079, Sarasota, FL 34230-3079

FAX:

941-861-7738

EMAIL:

PAGroup@SarasotaClerkandComptroller.com

Requestor Contact Information

Name of Requestor (*print legibly*): _____

Name of Account / Card Holder (*if different*): _____

Relationship to Account / Card Holder: Self Widow(er) Personal Representative Guardian Attorney

Address: _____

Telephone Number: _____ Email address: _____

Redaction or Removal from Official Records

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	Book and Page Number <i>For records prior to 1998</i>	Document Type	Page Number

Redaction or Removal from Court Records

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

Case Number	Document Number	Document Type	Page Number

Requestor Signature: _____

Date: _____

FOR OFFICE USE ONLY: Request No. _____ Received by: _____ Date: _____

Documents Prepared by: _____

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