



Request for Removal of Social Security Number, Bank Account, Credit, Debit, or Charge Card Number

Name(s) of Holder(s) of Social Security, Bank Account, Credit, Debit or Charge Card Numbers:

Phone Number or E-Mail Address: (required)

Information to be removed (check all that apply)

- Social Security Number Bank Account, Credit, Debit or Charge Card Number

Relationship to requestor

- Self Attorney (specify): Legal Guardian (specify):

For Redaction/Removal of Social Security, Bank Account, Credit, Debit, or Charge Card Number from an [Official Record Image on a Publicly Available Internet website](#), please provide:*

Book & Page**	Document Type	Exact page(s) on which information appears

*The Clerk shall only remove information specifically identified in this request.
** Please visit our website at www.duvalclerk.com, Official Records Listing, to locate your documents.

For Redaction/Removal of Social Security, Bank Account, Credit, Debit, or Charge Card Number from [Court Records](#), please provide:*

Case Number***	Case Name	Docket Entry #	Document Name	Page #

* The Clerk shall only remove information specifically identified in this request.
*** Please visit the Courthouses to locate the case file containing this information.

Signature: _____ Date: _____

Please note that we are continually increasing our digital image library to include records from prior years. We ask that you periodically check the online Official Records Listing for documents that may contain private personal information.

For Office Use Only:

Date Request Received by Recording _____ Date Request Received by Dept. _____
Date Request Completed _____ Clerk Processing Request _____