

IN THE SEVENTH JUDICIAL CIRCUIT IN AND FOR
VOLUSIA COUNTY, FLORIDA

REQUEST FOR REMOVAL
(Official Records)

Return to: **LAURA E. ROTH**
Clerk of Circuit Court
P.O. Box 6043
Deland, FL 32721-6043

I, _____, hereby
(Holder of social security number, bank account, debit, charge, or credit card number or Holder's Attorney or Legal Guardian)

request the Volusia County Clerk of Circuit Court to remove the social security number, complete bank account, debit, charge, or credit card number assigned to:

(Holder of social security number, bank account, debit, charge, or credit card number)

as provided by Chapter 119 Florida Statutes, from the image or copy of an official record placed on the Clerk's publicly available Internet website, the document listed below:

Document Type(s): _____

Document Book and Page Number(s): _____

Signed this _____ day of _____, 20__.

Signature of Requestor

Requestor's Name Printed

REQUEST FOR REDACTION – Continuation Page
(Official Records)

BOOK

PAGE

TYPE OF DOCUMENT
