

Request Form For Bank Account, Credit Card or Debit Card number Removal

Date: _____

Name of Holder of Bank Account, Credit Card or Debit Number: _____

Phone Number: (optional) _____

Relationship to Requester:

☐ Self

☐ Attorney, specify

☐ Legal Guardian, specify

For Redaction/Removal of Social Security Number from Internet website of an Official Record Image, please provide:

Book Number Page Number Document Type

For Redaction/Removal of Social Security Numbers from Court Records, please specify:

Case Number Document Name Page Number

Signature: _____ Date: _____

For Office Use Only:

Date Request Received _____

Date Request Completed _____

Clerk Processing Request _____