

Request Form For Number(s) Redaction

From Alachua County Court Document(s)

(Includes: Social Security, All complete bank account, debit, charge and credit card numbers)

Please redact the number(s) belonging to _____ (one name) from the court documents identified below. I am (a) ___ the holder of the number(s); (b) ___ an attorney for the holder of the number(s); (c) ___ legal guardian of the holder of the number(s).

Printed Name: _____
 Signature: _____
 Date: _____
 Phone number: _____ (optional)
 Please specify: _____

Alachua County Case Number: _____. Note: One case per request.

Case Style: _____ **vs.** _____

<u>Document File Date</u>	<u>Document Name</u>	<u>Civil Docket ID and/or Page Number (if Available)</u>	<u>Number Type</u> Check Appropriate Box (es)		
			<u>Social Security</u>	<u>Bank Account</u>	<u>Credit Card</u>

Failure to provide complete and accurate information may result in an inability to process this request. Be advised that 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 to be redacted.

This request may be delivered in person, or by mail, facsimile or e-mail.

<p>Street Address: Alachua County Clerk of Court's Office Administration - Room 110 201 East University Avenue Gainesville, FL 32601</p>	<p>Mailing Address: Alachua County Clerk of Court's Office Attn: Admin – documents P.O. Box 600 Gainesville, FL 32602</p>
<p>Facsimile: (352) 338-3201</p>	<p>E-mail Address: clerk@alachuaclerk.org</p>

For Office Use Only: Date sent to log / by _____: Date completed / by _____
 Dated June 14, 2002