

# Request Form For Number Redaction

Includes: Social Security, bank account, debit, charge and credit card numbers

Please redact the number(s) belonging to \_\_\_\_\_ (one name)  
from the documents identified below. I am

- the holder of the number(s);
- an attorney for the holder of the number (s);
- legal guardian of the holder of the number(s).

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ (optional)

Email address: \_\_\_\_\_ (optional)

Please specify:

Instrument Number	Book and Page Number	Document Name	Number Type Check Appropriate Box (es)		
			SSN	Bank #	Credit Card
	/				
	/				
	/				
	/				
	/				
	/				

If the above information is inaccurate or incomplete the request may be unable to be processed. Copies of the public records identified above may have been disseminated prior to your request. It is your responsibility to notify the Clerk's Office of additional or future documents you wish redacted.

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

Street Address:  
Alachua County Clerk of Court  
Administration - Room 110  
201 East University Avenue  
Gainesville, FL 32601

Mailing Address:  
Alachua County Clerk of Court  
Attn: Admin – documents  
201 East University Avenue  
Gainesville, FL 32601

E-mail Address: [clerk@alachuaclerk.org](mailto:clerk@alachuaclerk.org)

Fax: (352) 338-3201

For Office Use Only: Date sent to log / by \_\_\_\_\_ Date completed / by \_\_\_\_\_