



JOSEPH ABRUZZO
CLERK OF THE CIRCUIT COURT & COMPTROLLER
PALM BEACH COUNTY

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

GENERAL INFORMATION

Name(s) of holder(s) of social security, bank account, credit, debit or charge card numbers:

Phone number or e-mail address: (required)

Relationship to requestor:

Self Attorney (specify): _____ Legal guardian (specify): _____

INFORMATION TO BE REMOVED (check all that apply)

Social security number Bank account, credit, debit or charge card number

REDACTION/REMOVAL REQUEST FROM AN OFFICIAL RECORDS IMAGE ON THE CLERK OF THE CIRCUIT COURT & COMPTROLLER'S PUBLIC WEBSITE*

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

REDACTION/REMOVAL REQUEST FROM COURT RECORDS*

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

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

OFFICIAL USE ONLY

Date request received by HUB _____ Date request received by dept. _____
 Date request completed _____ Clerk processing request _____