



**ERNIE LEE MAGAHA
CLERK OF THE CIRCUIT COURT
ESCAMBIA COUNTY, FLORIDA**

**Request Form for Removal of Social Security/Bank Account
Number from Court Case File or
Publicly Available Internet Website
Pursuant to Section 119.07, F.S.**

Date:

Name of Holder of Social Security/Bank Account
Number:

Phone Number (optional)

Relationship to Requester:

Self

Attorney, specify

Legal guardian, specify

**For Redaction/Removal of Social Security ° Bank Account ° Debit ° Charge ° Credit Card Numbers from
Court Case File, please specify**

Case Number	Document Name	Page Number

**For Redaction/Removal of Social Security ° Bank Account ° Debit ° Charge ° Credit Card Numbers from
an Official Record Image on a Publicly Available Internet website, please provide:**

Instrument Number	Official Records Book/Page	Document Type

Signature: