REQUEST TO REDACT
SOCIAL SECURITY NUMBER
FROM PUBLIC DOCUMENTS

(One form per person)

I request that my social security number found in the following document (s) be removed from public access:

NAME LISTED ON DOCUMENT	DOCUMENT TITLE	RECORDING NUMBER	PAGE # THAT SSN APPEARS

I am the owner of the Social Security Number (SSN) that appears in the document (s) listed above. I submit this request for the purpose of preventing full disclosure of my SSN and I understand that the last four digits must remain in the public document as required by law.

SIGNATURE _____ DATE _____ DAYTIME PHONE NUMBER _____

FOR OFFICE USE

DATE REQUEST RECEIVED: _____ DATE REDACTION COMPLETED: _____

REDACTION COMPLETED BY (NAME OF STAFF): _____

COMMENTS: _____