Request to Redact Social Security Number From Public Documents County Clerk District Clerk

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

| Name listed on Document | Document Title | Volume/Page of Case Number | Page # that SSN appears |
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| I am the owner of the Social Security (SSN) that appears in the document(s) listed above. I submit this request along with proof of my identification for the purpose of preventing full disclosure of my SSN, and I understand that the last four digits must remain in the public documents as required by law. Printed Full Name Daytime Phone Number | | | |
| | | Dujume i none i tum | |
| Signature | | Date | |
| Address | | City/State/Zip | |
| For Office Use | | | |
| Date Request Received: | | Date Redaction Completed: | |
| Identification Copied: | | Website Notified to Update: | |
| Redaction Process Completed by: | | Deputy | |
| Comments: | | | |