

<b>For Administrative Use Only</b>	
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**St. Johns County**  
**Clerk of Court and Comptroller**  
**Attn: Records Management**  
 4010 Lewis Speedway  
 St. Augustine, FL 32084

**REQUEST FOR REDACTION OF SOCIAL SECURITY AND/OR FINANCIAL ACCOUNT  
 NUMBER(S) PER FLORIDA STATUTE §119.0714(3)**

I request to have exempt personal information removed from records maintained on the publicly available website of the St. Johns County Clerk of Court and Comptroller’s Office.

**REQUESTOR INFORMATION**

Printed Name:	<b>I am submitting this request as:</b> <input type="checkbox"/> Myself. <input type="checkbox"/> Attorney for the below listed individual: <input type="checkbox"/> Legal Guardian for the below listed individual:  _____ Printed Name of Holder of SSN or Account No.
Email Address:	
Telephone Number:	

I understand that copies of the public records may have been disseminated prior to this request and that Florida law requires that images and copies of recorded documents remain on file and available to the public in the office of the Clerk/County Recorder.

**DOCUMENTS TO BE REDACTED**

The following section is to be completed during or after a visit to the St. Johns County Clerk of Court and Comptroller’s Office at [www.sjccoc.us](http://www.sjccoc.us) or 4010 Lewis Speedway, St. Augustine, Florida 32084.

**Official Records**

Instrument No.	Book No.	Page No.	Instrument No.	Book No.	Page No.

**Court Records**

Case No.	Seq. No.	Page No.	Case No.	Seq. No.	Page No.

\_\_\_\_\_  
 Signature of Requestor

\_\_\_\_\_  
 Date