

CJ CHASCO  
Swisher County & District Clerk

**REQUEST FOR PARTIAL REMOVAL OF SOCIAL SECURITY NUMBER FROM PUBLIC DOCUMENT**

Pursuant to Government Code 552.147(d)

Any person requesting the removal of their social security number must present valid identification such as a driver's license or state issued photo id. Requestor must also identify the specific document(s) involved.

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
(As it appears on the document)

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Identification: \_\_\_\_\_ Social Security:     \*\*\*/\*\*/ \_\_\_\_\_

DOCUMENT TYPE	FILE DATE	VOL/ PAGE OR CASE #	PAGE(S) THAT SSN APPEARS

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 document as required by law.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**MAIL THIS FORM WITH A PHOTOCOPY OF YOUR ID TO:**

**CJ CHASCO  
SWISHER COUNTY & DISTRICT CLERK  
119 S MAXWELL  
TULIA, TX 79088**

**FOR OFFICE USE ONLY:**

Date Request Received: \_\_\_\_\_ Date Redaction Complete: \_\_\_\_\_

Updated Documents in Book: \_\_\_\_\_ Updated in Computer: \_\_\_\_\_

Redaction Process Completed By: \_\_\_\_\_ Deputy

Comments: \_\_\_\_\_

\_\_\_\_\_

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