

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 _____

FOR OFFICE USE ONLY:	
Date Request Received: _____	Date Redaction Complete: _____
Updated Documents in Book: _____	Updated in Computer: _____
Redaction Process Completed By: _____ Deputy	
Comments: _____	

