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	COURT CASE NUMBER	PAGE #THAT SSN APPEARS
I am the owner of the Social Security Numi disclosure of my SSN and I understand that	I am the owner of the Social Security Number (SSN) that appear 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.	ted above. I submit this request for the document as required by law.	he purpose of preventing full
SIGNATURE	DATE	DAYTI	DAYTIME PHONE NUMBER
	FOR OFFICE USE	SE	
DATE REQUEST RECEIVED:	DATE	DATE REDACTION COMPLETED:	
REDACTION COMPLETED BY (NAME OF STAFF):	STAFF):		
COMMENTS:			
i/public information tray/redaction request form COURTS	COURTS		03/01/07