



Mike Wells

Pasco County Property Appraiser

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Please reply to: Post Office Box 401, Dade City, FL 33526-0401
Web Site: <http://appraiser.pascogov.com>

Request Form for Social Security Number Removal

Date: _____

Name of Holder of Social Security Number: _____

Telephone Number: (optional) _____

Relationship to Requester:

- Self
- Attorney
- Legal Guardian

For redaction/removal of Social Security Number from an Official Record Image on a Publicly Available Internet website, please provide:

Instrument Number/Official Record Book and Page Number/Document Type

Signature: _____

Pasco County Property Appraiser's Policy in accordance with Florida Statute law: Any person has the right to request the redaction/removal of his or her social security number from an image or copy of an Official Record that has been placed on the publicly available Internet Website.

The request must be legibly written, signed and delivered in person or by mail, facsimile or electronic transmission to the Property Appraiser. The request must specify the identification page number that contains the social security number. No fee is charged for this service.

Routing instruction: For physical copies delivered in person, the accepting clerk is to make a copy as receipt for requesting party. Original is forwarded to executive secretary for distribution to IS department. Mailed/faxed copies are forwarded to the executive secretary for distribution to IS department. Email requests are printed and forwarded to executive secretary for distribution to the IS department. The IS department is to process the request, dating and initialing form. The form is then returned to executive secretary for filing. The requesting party may verify completion of this request by viewing the Internet website.

Date Received:

Date Processed:

Notes:

Initials:

Initials: