

**MONROE COUNTY CLERK OF COURT**

500 WHITEHEAD ST.  
KEY WEST, FL 33040

**REQUEST FORM FOR REMOVAL OF EXEMPT INFORMATION PER FS 119 AND  
FS 28.221**

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

Name of Holder of Social Security Number: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Signature \_\_\_\_\_

Self

Attorney, specify

Legal Guardian, specify

**Type of Exemption**

Bank Account Number

Exempt Profession \_\_\_\_\_  
( Official Records Only )

Credit, Debit, Charge Account

Social Security Number

Spouse of Exempt Profession

**For Redaction/Removal of Exempt Information from an Official Record Image on a Publicly Available Internet web site, please provide:**

Instrument Number/Book and Page Number/Document type

\_\_\_\_\_  
\_\_\_\_\_

**For Redaction/Removal of Exempt Information from Court Records, please specify:**

Case Number/Document Name/Page Number

\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only**

Date Request Received \_\_\_\_\_

Date Forwarded to Office \_\_\_\_\_

Date Request Completed \_\_\_\_\_

Clerk Processing Request \_\_\_\_\_

Copy to \_\_\_\_\_

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