

**DISTRICT CLERK
GALVESTON COUNTY, TEXAS
REQUEST FOR SOCIAL SECURITY NUMBER REDACTION**

Pursuant to Section 552.147 of the Government Code, I _____,

PLEASE PRINT FULL NAME

hereby request the District Clerk of Galveston County, Texas to redact and/or remove from public access; within a reasonable period of time after the date this form is completed and presented to the same, all but the last four (4) digits of the social security number of _____,

PLEASE PRINT FULL NAME

contained in their official public records, including electronically stored information maintained by or under the control of the District Clerk in the document(s) I have specifically listed below. I further understand that this request may be refused if another law requires a social security number to be maintained in a government document. I request that all but the last four (4) digits of the social security as stated above be redacted from the following specific document(s):

1. **Cause Number:** _____

Style of Case (Name of Parties):

Document(s) description and page number within said document:

A. **Document Name:** _____

Page Number within document: _____

B. **Document Name:** _____

Page Number within document: _____

C. **Document Name:** _____

Page Number within document: _____

2. **Cause Number:** _____

Style of Case (Name of Parties):

Document(s) description and page number within said document:

D. **Document Name:** _____

Page Number within document: _____

E. **Document Name:** _____

Page Number within document: _____

F. **Document Name:** _____

Page Number within document: _____

The undersigned hereby attest they are the owner or representative of the owner of the social security number requested to be redacted.

Signature

Phone Number

Address

City/State

Zip Code

FOR OFFICE USE ONLY

DATE REDACTION COMPLETED

DEPUTY SIGNATURE