

**BRAZORIA COUNTY  
REQUEST TO REDACT  
SOCIAL SECURITY NUMBER  
FROM PUBLIC DOCUMENTS  
Government Code § 552.147**

**(One form per person)**

I, \_\_\_\_\_ request that my social security number found in the following document (s) be removed from public access:

<u>NAME LISTED ON DOCUMENT</u>	<u>DOCUMENT TITLE</u>	<u>RECORDING NUMBER</u>	<u>PAGE # THAT SSN APPEARS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DAYTIME PHONE NUMBER

**FOR OFFICE USE**

DATE REQUEST RECEIVED: \_\_\_\_\_

DATE REDACTION COMPLETED: \_\_\_\_\_

REDACTION COMPLETED BY (NAME OF STAFF): \_\_\_\_\_

COMMENTS: \_\_\_\_\_