

**BRAZORIA COUNTY
 REQUEST TO REDACT
 SOCIAL SECURITY NUMBER
 FROM PUBLIC DOCUMENTS
 In Compliance with HB2061**

(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 | RECORDING NUMBER | PAGE # THAT SSN APPEARS |
|-------------------------|----------------|------------------|-------------------------|
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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: _____