

Llano County Clerk
Honorable Cecilia McClintock

REQUEST FOR PARTIAL REMOVAL OF SOCIAL SECURITY NUMBER

Pursuant to Government Code 552.147(d) HB 2061 (March 2007)

Any person requesting removal of social security number must present valid identification and identify the specific document(s) involved.

Date: _____

Name: _____ Phone: _____
(As it appears on document)

Address: _____

Identification: _____ SSN (for verification only): _____

Please identify the SPECIFIC document(s) from which the information is to be removed:

Doc Type: _____ Doc #: _____ Filed Date: _____ Vol/Pg: _____ Clk Initials: _____

Doc Type: _____ Doc #: _____ Filed Date: _____ Vol/Pg: _____ Clk Initials: _____

Doc Type: _____ Doc #: _____ Filed Date: _____ Vol/Pg: _____ Clk Initials: _____

Doc Type: _____ Doc #: _____ Filed Date: _____ Vol/Pg: _____ Clk Initials: _____

Doc Type: _____ Doc #: _____ Filed Date: _____ Vol/Pg: _____ Clk Initials: _____

I, _____, do solemnly swear that I am the person named in the above listed document(s) and it is my confidential information that is to be removed.

Signature: _____

SUBSCRIBED and sworn to before me on the _____ day of _____, _____.

Notary Public

Printed Name of Notary

Submit this form with valid identification (i.e. Driver's License, etc.) to:
Llano County Clerk, Cecilia McClintock
PO Box 40
Llano, TX 78643

This is a government document. Texas Penal Code, Chapter 37, specifies penalties for making false entries or providing false information in this document. Intentionally providing false or fraudulent information on this application is a violation of the law and may result in imprisonment of not more than 5 years and/or a fine of up to \$250,000 for individuals or \$500,000 for organizations. (Title 18, United States Code, Sec. 1001)