

Internet Image Removal Request Form

Date of Request: _____
Name of Requester: _____
Phone Number (Optional): _____
E-Mail Address (Optional): _____

Pursuant to F.S. 28.2221, the Official Records image(s) listed below pertain to the following types of documents on a publicly available Internet website:

- **Military Discharge**
- **Death Certificate**
- **Court file, record, or paper relating to matters or cases governed by the Florida Rules of Family Law, the Florida Rules of Juvenile Procedure, or the Florida Probate Rules**

Instrument # _____ Book # _____ Page # _____
Instrument # _____ Book # _____ Page # _____
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Please complete this form and deliver it in person, by mail, or facsimile.

Location: Clerk of the Circuit Court
Recording Department
Rm # 140
419 Pierce St.
Tampa, Florida 33602

Mailing Address: Clerk of Circuit Court
Recording Department
P.O. Box 3249
Tampa, FL 33601

Fax: (813) 276-2114

For Office Use Only:

Date Request Received: _____	Date Request Completed: _____
Received by: _____, Deputy Clerk	