

Request Form for INTERNET IMAGE Removal

Date: _____

Requestor's Name: _____

Phone Number: (optional) _____

For Blocking "Official Record" Images:

Instrument Number / Book and Page Number / Document Type

For Blocking "Court Record" Images:

Case Number / Document Name / Page Number

Submit completed for to:

Hernando County, Clerk of Court
Recording Division – RM# 362
Attn: Patricia Galbraith
20 North Main Street, Brooksville, FL 34601

For Office Use Only:

Date Request Received: _____

Date Request Completed: _____

Clerk Processing Request: _____ Verified by: _____ (Supervisor)