

**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)