Social Security Redaction Form

Real Estate Division

Current Date: _____

Name: _____
First **Last**

Phone Number: _____ **Email:** _____

Relation Ship to Requestor: ◉ **Self** ○ **Attorney** ○ **Legal Guardian**

Document(s) to be Redacted:

Book #	Page #	Book #	Page #
Book #	Page #	Book #	Page #
Book #	Page #	Book #	Page #
Book #	Page #	Book #	Page #
Book #	Page #	Book #	Page #

Please send this form to:

realestate@columbusga.org

or

Clerk of Superior Court
ATTN: Real Estate Recording
PO Box 2145
Columbus, GA 31902