

4Privacy.org
Borsigstr. 9
Berlin, 10115
Germany

Record Removal Request

To request the partial removal of your records complete the form below. Sign and mail this form with a photocopy of your ID to the address above. This request will remove your street address and phone number from your record.

Name:			
Address	City	State	Zip
Telephone	eMail		
SS# (Last 2 digits only) ***_**_** _ _ _			
Previous Address (Last 5 Years)	City	State	Zip
Previous Address	City	State	Zip
Web Site Address(es) Where Your Record(s) is/are Located:			
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
Print Your Name:			
Sign Your Name		Date Signed	

NOTICE

1. Incomplete forms cannot be processed.
2. Requests mailed without a clear ID cannot be processed.
3. You should mask or block out your photo and any other information such as your Social Security number. We only need to see your name and address on the ID. If the address does not match the record we have for you online, make sure to note that on the form.
4. Once we process your request we destroy this form and the copy of your ID.
5. Allow 2 to 4 weeks for processing.