

REQUEST TO MASK PERSONAL INFORMATION IN A RECORD

TO: THE CLERK OF CIRCUIT COURT

FROM:

Name

Mailing Address

City, State, Zip

Phone

I hereby request that the Social Security Number
 Driver's License Number

contained at Liber _____ Folio _____, or

on page _____ of the document recorded on

_____, among the land records of Calvert County, be masked.
Recording Date

I further state that I am
 am not

the person whose social security number or driver's license number is shown.

Requestor's Signature

FOR CLERK'S OFFICE RESPONSE

Liber/Folio _____/_____

Archives notified on: _____

Masking completed: _____

Requestor notified: _____

NOTICE TO REQUESTOR

I hereby certify that the above request to mask personal information has been complied with, this _____ day of _____, 20____.

Deputy Clerk