

Request for Redaction of Auto Insurance Information

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact/Department],

I am writing to formally request the redaction of my personal auto insurance information as outlined under the applicable privacy regulations. Below are the relevant details:

- Policy Number: [Insert Policy Number]
- Name of Insured: [Insert Your Full Name]
- Claim Number (if applicable): [Insert Claim Number]

In accordance with privacy laws, I would like the following information to be redacted from any public records or documentation:

- Personal identifying information
- Vehicle Identification Number (VIN)
- Policy limits and coverage details

Please confirm the receipt of this request and provide me with a timeline regarding the redaction process. Should you require any additional information or documentation in order to process this request, feel free to reach out to me directly.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]