

**REQUEST FOR REDACTION OF EXEMPT PERSONAL INFORMATION
FROM NON-JUDICIAL PUBLIC RECORDS**

I request to have exempt personal information removed from records maintained by the _____ County Clerk's/Comptroller's Office.

Exempt information held under FS 119.071 or FS 493.6122 or FS 741.465 as (select all that apply):

- Current/former government agency employee in the category checked below
- Spouse of a current/former government agency employee in the category checked below
- Child of a current/former government agency employee in the category checked below

Check the appropriate item:

- | | |
|---|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Victim of violent crime [FS 119.071(2)(h)1]<input type="checkbox"/> Victim of an incident of mass violence [FS 119.071(2)(o)]<input type="checkbox"/> Child advocacy center director, manager, supervisor, clinical employee of [FS 119.071(4)(d)2.t.] (eff. 7/1/18)<input type="checkbox"/> Law enforcement officers or civilian staff, correctional and correctional probation officers [FS 119.071(4)(d)2.a.]<input type="checkbox"/> Dept of Children and Family investigator [FS 119.071(4)(d)2.a.]<input type="checkbox"/> Dept of Health investigator of child abuse or neglect [FS 119.071(4)(d)2.a.]<input type="checkbox"/> Dept of Revenue or local government child support collection/enforcement personnel [FS 119.071(4)(d)2.a.]<input type="checkbox"/> Florida Department of Financial Services investigative personnel [FS 119.071(4)(d)2.b.]<input type="checkbox"/> Office of Financial Regulation's Bureau of Financial Investigations investigative personnel [F.S. 119.071(4)(d)2.c.]<input type="checkbox"/> Firefighter [FS 119.071(4)(d)2.d.]<input type="checkbox"/> Justice or judge [FS 119.071(4)(d)2.e.]<input type="checkbox"/> State attorney and ASAs [FS 119.071(4)(d)2.f.]<input type="checkbox"/> Statewide prosecutor and asst. statewide prosecutors [FS 119.071(4)(d)2.f.]<input type="checkbox"/> General or Special Magistrate [FS 119.071(4)(d)2.g]<input type="checkbox"/> Judge of Compensation Claims, Administrative Law Judge [FS 119.071(4)(d)2.g]<input type="checkbox"/> Child Support Hearing Officer [FS 119.071(4)(d)2.g]<input type="checkbox"/> Local Govt. or Water Mgt. District Human resources manager/assistant manager [FS 119.071(4)(d)2.h.]<input type="checkbox"/> Local Govt. or Water Mgt. District Labor or employee relations manager/assistant manager [FS 119.071(4)(d)2.h.] | <ul style="list-style-type: none"><input type="checkbox"/> Code enforcement officer [FS 119.071(4)(d)2.i.]<input type="checkbox"/> Guardian ad litem [FS 119.071(4)(d)2.j.]<input type="checkbox"/> Juvenile probation/detention officer, house parent, therapy provider, counselor and their supervisors [FS 119.071(4)(d)2.k.]<input type="checkbox"/> Public Defender and APDs [FS 119.071(4)(d)2.l.]<input type="checkbox"/> Criminal conflict counsel and civil regional counsel [FS 119.071(4)(d)2.l.]<input type="checkbox"/> Dept of Business Regulation investigators and inspectors [FS 119.071(4)(d)2.m.]<input type="checkbox"/> Tax collectors (current only) [FS 119.071(4)(d)2.n.]<input type="checkbox"/> Dept of Health personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.o.]<input type="checkbox"/> Impaired practitioner consultants retained by an agency [F.S. 119.071(4)(d)2.p.]<input type="checkbox"/> Emergency medical technician or paramedic [FS 119.071(4)(d)2.q.]<input type="checkbox"/> Agency inspector general office or internal audit department employees with auditing or potential criminal investigating or disciplinary duties [FS 119.071(4)(d)2.r.]<input type="checkbox"/> Addiction treatment facility director, manager, supervisor, nurse, or clinical employee [FS 119.071(4)(d)2.s.] (eff. 7/1/18)<input type="checkbox"/> U.S. Attorney and AUSAs [FS 119.071(5)(i)1.]<input type="checkbox"/> U.S. Judge or U.S. Magistrate [FS 119.071(5)(i)1.]<input type="checkbox"/> Member of US Armed Forces, reserve, or National Guard, who served after 9/11/01 [FS 119.071(5)(k)1.]<input type="checkbox"/> Private Investigative, Private Security, and Repossession Services- Class "C", "CC", "E", "EE" Security Licensee [FS 493.6122]<input type="checkbox"/> Victim of Domestic Violence participating in the Address Confidentiality Program [FS 741.465] |
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BP Requests to Redact Exempt Personal Information

- Public Guardians and employees with fiduciary responsibilities [FS 744.21031] (eff. 7/1/18)

REQUESTOR CONTACT INFORMATION

Printed Name: _____

Telephone Number: _____ Email address: _____

INFORMATION TO BE REDACTED

Home address(es) (including physical address, mailing address, street address, parcel identification number, plot identification number, legal property description, neighborhood name and lot number, GPS coordinates, other descriptive property information that may reveal home address)

Telephone Number(s) _____ Date of Birth: _____

Social Security Number(s) found at (DO NOT LIST THE SOCIAL SECURITY NUMBER): _____

Place(s) of Employment/Location: _____

Telephone #: _____ Photo of Requestor (as identified in comparable photo attached to this request)

Name and Location of School/Daycare Facility of child: _____

Personal assets (crime victim): _____

AGREEMENT

I understand that this form itself is a public record. If a copy of it is requested, all exempt information contained herein will be redacted.

I agree to indemnify and hold harmless the _____ County Clerk's/Comptroller's Office and its staff for any direct or indirect claims or damages that may arise in connection with this request for confidentiality. Further, I agree to personally identify those documents of record pertaining to me, my spouse, or my child(ren).

DOCUMENTS TO BE REDACTED

The following section is to be completed during or after a visit to the _____ County Clerk's/Comptroller's Office at Provide your Clerk's/Comptroller's Website or the office, address, and zip code of office.

As a result of my review of the Official Records of the _____ County Clerk's/Comptroller's Office, I hereby agree that the _____ County Clerk's/Comptroller's Office staff has my permission to modify a copy of the following documents in accordance with FS 119.071. I understand that only the modified copy will be made available to the public, unless otherwise ordered by a court of competent jurisdiction.

Table with 4 columns: Instrument Number, Book, Page, Document Title. Includes three rows of blank lines for data entry.

BP Requests to Redact Exempt Personal Information

Documents Other Than Official Records: _____

Signature: _____

Date: _____

Name of Eligible Government Employee (if not requestor): _____

Job Title of Eligible Government Employee

Employing agency

**REQUEST TO THE _____ COUNTY CLERK OF COURT
TO RELEASE REDACTED INFORMATION ON RECORDED DOCUMENTS**

This request is made by

Printed Name: _____

I request that the _____ County Clerk of Court release an unredacted copy of the following redacted, recorded document:

Date of Request: _____

Document Title: _____

Book and Page of Document: Book _____ Page _____

Instrument Number: _____

A copy of the redacted document is attached to this request.

I request that the clerk release a copy of the unredacted referenced document to:

Signature

STATE OF FLORIDA

COUNTY OF _____

Signed on _____

Sworn to (or affirmed) and subscribed before me on (date) _____, 20____ by

(affiant name)_____.

NOTARY PUBLIC-STATE OF FLORIDA

{Print, type, or stamp commissioned name of notary}

____ Personally known, OR

____ Produced identification

Type of identification produced/ID# _____