

**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 NAME] County Clerk of the Circuit Court and Comptroller's Office as a (select all that apply):

- Government agency employee in the category checked below.
- Spouse of a government agency employee in the category checked below.
- Child of a government agency employee in the category checked below.
- Protected individual requesting redaction in the category checked below.

Statutory Basis for Removal:

<ul style="list-style-type: none"> <input type="checkbox"/> Victim of a violent crime [s. 119.071(2)(j)1, F.S.]* <input type="checkbox"/> Victim of an incident of mass violence [s. 119.071(2)(o), F.S.]** <li align="center">ACTIVE/CURRENT OR FORMER: <input type="checkbox"/> Sworn or civilian law enforcement personnel [s. 119.071(4)(d)2.a., F.S.] <input type="checkbox"/> Correctional or probation officer [s. 119.071(4)(d)2.a., F.S.] <input type="checkbox"/> Dept. of Children and Families investigator [s. 119.071(4)(d)2.a., F.S.] <input type="checkbox"/> Dept. of Health investigator of child abuse or neglect [s. 119.071(4)(d)2.a., F.S.] <input type="checkbox"/> Dept. of Revenue or local government child support collection/enforcement personnel [s. 119.071(4)(d)2.a., F.S.] <input type="checkbox"/> Dept. of Financial Services nonsworn investigative personnel [s. 119.071(4)(d)2.b., F.S.] <input type="checkbox"/> Office of Financial Regulation's Bureau of Financial Investigations nonsworn investigative personnel [s. 119.071(4)(d)2.c., F.S.] <input type="checkbox"/> Firefighter [s. 119.071(4)(d)2.d., F.S.] <input type="checkbox"/> Supreme Court Justice, district court of appeal judge, circuit court judge, county court judge [s. 119.071(4)(d)2.e., F.S.] <input type="checkbox"/> State attorney or asst. state attorney [s. 119.071(4)(d)2.f., F.S.] <input type="checkbox"/> Statewide prosecutor or asst. statewide prosecutor [s. 119.071(4)(d)2.f., F.S.] <input type="checkbox"/> Local government agency or water mgmt. district director, asst. director, manager, asst. manager of human resources, labor relations, or employee relations [s. 119.071(4)(d)2.h., F.S.] <input type="checkbox"/> Code enforcement officer [s. 119.071(4)(d)2.i., F.S.] <input type="checkbox"/> Guardian ad litem [s. 119.071(4)(d)2.j., F.S.] <input type="checkbox"/> Dept. of Juvenile Justice juvenile probation officer or supervisor; detention superintendent or asst.; juvenile justice detention officer, residential officer, counselor, or supervisor; human services counselor or senior counselor administrator; rehabilitation therapist; social services counselor [s. 119.071(4)(d)2.k., F.S.] <input type="checkbox"/> Public defender or asst. public defender [s.119.071(4)(d)2.l., F.S.] <input type="checkbox"/> Criminal conflict or civil regional counsel or assistant [s. 119.071(4)(d)2.l., F.S.] <input type="checkbox"/> Dept. of Business and Professional Regulation investigator or inspector [s. 119.071(4)(d)2.m., F.S.] <input type="checkbox"/> Dept. of Health personnel involved in social security disability eligibility, investigation or prosecution of complaints, and inspection [s. 119.071(4)(d)2.o., F.S.] <input type="checkbox"/> Impaired practitioner consultants retained by an agency or their employee with duties determining a person's skill to practice licensed professions [s. 119.071(4)(d)2.p., F.S.] <input type="checkbox"/> Emergency medical technician or paramedic [s. 119.071(4)(d)2.q., F.S.] 	<ul style="list-style-type: none"> <input type="checkbox"/> Agency office inspector general or internal audit personnel with auditing or potential criminal investigation/disciplinary duties [s. 119.071(4)(d)2.r., F.S.] <input type="checkbox"/> Addiction treatment facility director, manager, supervisor, nurse, or clinical employee [s. 119.071(4)(d)2.s., F.S.]** <input type="checkbox"/> Child advocacy center director, manager, supervisor, or clinical employee [s. 119.071(4)(d)2.t., F.S.] <input type="checkbox"/> Child Protection Team member as described in s. 39.303 with investigatory or multidisciplinary case review team duties [s. 119.071(4)(d)2.t., F.S.] <input type="checkbox"/> Domestic violence advocate or staff [s. 119.071(4)(d)2.u., F.S.] <input type="checkbox"/> Dept. of Agriculture and Consumer Services inspector or investigator [s. 119.071(4)(d)2.v., F.S.] <input type="checkbox"/> Florida Gaming Control Commission commissioner [s. 119.071(4)(d)2.x., F.S.] <input type="checkbox"/> U.S. attorney, asst. attorney, Court of Appeal judge, district judge, or magistrate [s. 119.071(5)(i)1., F.S.]** <input type="checkbox"/> Military personnel authorized to access secret information or servicemember of a special operations force as defined in s. 943.10(22) [s. 119.071(5)(k), F.S.]** <input type="checkbox"/> Public guardian or employee with fiduciary responsibility [s. 744.21031, F.S.] <li align="center">CURRENT: <input type="checkbox"/> Judicial assistant [s. 119.071(4)(d)2.e., F.S.] <input type="checkbox"/> General or special magistrate [s. 119.071(4)(d)2.g, F.S.] <input type="checkbox"/> Judge of compensation claims or administrative law judge of DOAH [s. 119.071(4)(d)2.g, F.S.] <input type="checkbox"/> Child support enforcement hearing officer [s. 119.071(4)(d)2.g, F.S.] <input type="checkbox"/> County tax collector [s.119.071(4)(d)2.n., F.S.] <input type="checkbox"/> County or city attorney or asst. or deputy county or city attorney who does not qualify as a candidate for election to public office [s. 119.071(4)(d)2.w., F.S.] <input type="checkbox"/> Clerk of the Circuit Court, deputy Clerk, or Clerk personnel [s. 119.071(4)(d)2.y., F.S.] <input type="checkbox"/> Congressional member or public officer [s. 119.071(4)(d)2.z.(II), F.S.]*** <p>*Attach official verification of crime (i.e. police report or injunction). Five-year renewable exemption. **Names of spouse/children for marked individuals are not exempt. ***Congressional member/public officer statement must be completed; city and zip code are not exempt.</p> <p>NOTE: Grantor, grantee, or party names cannot be removed from Official Records unless they contain the street address.</p>
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REQUESTOR CONTACT INFORMATION

Printed Name: _____

Telephone Number: _____

Email Address: _____

INFORMATION TO BE REDACTED

Address or partial address where I (or qualifying spouse or child) **reside** (physical, mailing, or street address) *including the parcel identification number, plot identification number, legal property description, neighborhood name and lot number, GPS coordinates, and any other descriptive property information that may reveal the address:* _____

Telephone Number(s) _____

Social Security Number (**do not list SSN**) / Date of Birth: _____

Name of Spouse and/or Children to be redacted:** _____

Place(s) of Employment/Location: _____

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

Personal Assets (*crime victim*): _____

WARNING: There may be consequences to redacting information on a public record, which is a risk undertaken by the requestor. Only the documents identified by the requestor will be redacted. Once redaction is requested and completed, future redactions require an additional redaction request. **However, grantor, grantee, or party names cannot be removed, unless the street address is included in the name, such as in a trust or LLC. (s. 28.2221(2)(b), F.S.)

PUBLIC RECORD: This form is itself a public record. If a copy of it is requested, all exempt information contained in this form will be redacted.

DOCUMENTS TO BE REDACTED

The following section is to be completed after a review of the Official Records with the Clerk of the Circuit Court & Comptroller's Office, [COUNTY NAME] at [CLERK'S WEBSITE] or [CLERK'S OFFICE ADDRESS, CITY, STATE, ZIP CODE].

As a result of my review of the Official Records of the [COUNTY NAME] County Clerk's/Comptroller's Office, I hereby agree that the [COUNTY NAME] County Clerk's/Comptroller's Office staff has my permission to modify a copy of the following documents in accordance with s. 119.071, F.S. I understand

that only the modified copy will be made available to the public, unless otherwise ordered by a court of competent jurisdiction.

Instrument Number	Book	Page	Document Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Documents Other Than Official Records: _____

RELEASE TO GOVERNMENTAL AGENCIES: An unredacted version of these documents will be provided to the Property Appraiser and Tax Collector to allow them to perform their governmental duties and responsibilities. To redact information held by the Property Appraiser or the Tax Collector you must make a written request to those agencies directly under s. 119.071(4)(d)(4), F.S. To redact information held by the Property Appraiser call **[PROPERTY APPRAISER'S PHONE NUMBER]** or by the Tax Collector call **[TAX COLLECTOR'S PHONE NUMBER]**. If you wish to release your information to other individuals or entities, please complete a Request to Release Redacted Information on Recorded Documents form.

RELEASE FOR TITLE SEARCHES: an unredacted version of these documents may be provided to title insurers, agents or agencies and attorneys conducting title searches as authorized in s. 28.2221(6)(b), F.S. Notice of any title search release will be sent to the most recent address on the recorded documents or the redaction request provided by the requestor.

CONGRESSIONAL MEMBER/PUBLIC OFFICER STATEMENT: If I am requesting redactions pursuant to s. 119.071(4)(d)2.z., F.S., I have listed the date of the congressional member/public officer's election or appointment to public office (_____), the date on which the office is next subject to election (_____), and if applicable, the date on which the congressional member/public officer's child reaches the age of majority (_____).

COURTESY NOTICE - RELEASE OF PRIOR REDACTIONS

If you have previously requested protection of a home address that is no longer your residence, you are required by Florida law to submit a written, notarized request to release the removed information. Please ask the Clerk or recorder for the release form. Releases for other Florida counties must be submitted directly to that county.

Signature

Date

STATE OF FLORIDA

COUNTY OF [COUNTY NAME]

Sworn to (or affirmed) and signed before me by means of physical presence or online notarization, this ____ day of _____, 20____, by __.

Personally Known to me or who has produced _____ as identification.

(SEAL)

Signature of Notary Public

Print, Type, or Stamp Name of Notary Public