

**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 Wakulla County Clerk of the Circuit Court and Comptroller's Office.

Check the box that applies to you:

- 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
- Protected individual requesting redaction in the category checked below

Statutory Basis for Removal (Check the box(s) that apply to you):

- Victim of violent crime [FS 119.071(2)(j)1]*
- Victim of an incident of mass violence [FS 119.071(2)(o)]*
- Law enforcement officers or civilian staff, correctional and correctional probation officers [FS 119.071(4)(d)2.a.]
- Dept of Children and Family investigator [FS 119.071(4)(d)2.a.]
- Dept of Health investigator of child abuse or neglect [FS 119.071(4)(d)2.a.]
- Dept of Revenue or local government child support collection/enforcement personnel [FS 119.071(4)(d)2.a.]
- Florida Department of Financial Services investigative personnel [FS 119.071(4)(d)2.b.]
- Office of Financial Regulation's Bureau of Financial Investigations investigative personnel [F.S. 119.071(4)(d)2.c.]
- Firefighter [FS 119.071(4)(d)2.d.]
- Justice or judge [FS 119.071(4)(d)2.e.]
- State attorney and ASAs [FS 119.071(4)(d)2.f.]
- Statewide prosecutor and asst. statewide prosecutors [FS 119.071(4)(d)2.f.]
- General or Special Magistrate [FS 119.071(4)(d)2.g.]
- Judge of Compensation Claims, Administrative Law Judge [FS 119.071(4)(d)2.g.]
- Child Support Hearing Officer [FS 119.071(4)(d)2.g.]
- Local Govt. or Water Mgt. District Human resources manager/assistant manager [FS 119.071(4)(d)2.h.]
- Local Govt. or Water Mgt. District Labor or employee relations manager/assistant manager [FS 119.071(4)(d)2.h.]
- Code enforcement officer [FS 119.071(4)(d)2.i.]
- Guardian ad litem [FS 119.071(4)(d)2.j.]
- Juvenile probation/detention officer, house parent, therapy provider, counselor and their supervisors [FS 119.071(4)(d)2.k.]
- Public Defender and APDs [FS 119.071(4)(d)2.l.]
- Criminal conflict counsel and civil regional counsel [FS 119.071(4)(d)2.l.]
- Dept of Business Regulation investigators and inspectors [FS 119.071(4)(d)2.m.]
- Tax collectors (current only) [FS 119.071(4)(d)2.n.]
- Dept of Health personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.o.]
- Impaired practitioner consultants retained by an agency [F.S. 119.071(4)(d)2.p.]
- Emergency medical technician or paramedic [FS 119.071(4)(d)2.q.]
- 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.]
- Addiction treatment facility director, manager, supervisor, nurse, or clinical employee [FS 119.071(4)(d)2.s.]*
- Child advocacy center director, manager, supervisor, clinical employee of [FS 119.071(4)(d)2.t.]
- Domestic violence center current or former staff and advocates [F.S. 119.071(4)(d)2.u.]
- U.S. Attorney and AUSAs [FS 119.071(5)(i)1.]*
- U.S. Judge or U.S. Magistrate [FS 119.071(5)(i)1.]*
- Member of US Armed Forces, reserve, or National Guard, who served after 9/11/01 [FS 119.071(5)(k)1.]*
- Public guardians and employees with fiduciary responsibilities [FS 744.21031]

***Names of spouse/children for marked individuals are not exempt**

REQUESTOR CONTACT INFORMATION FOR WAKULLA COUNTY

Printed Name: _____

Telephone Number: _____ E-mail address: _____

Warning: There may be consequences to redacting information on a public record, which is a risk undertaken by the requestor. Only documents identified by the requestor will be redacted. Once redaction is requested and completed, **future redactions require an additional redaction request.**

INFORMATION TO BE REDACTED

Home address(es), including physical address, mailing address*, street address, parcel ID number, plot/lot ID number, legal property description, neighborhood/subdivision name and/or lot number, GPS coordinates, other descriptive property information that may reveal home address(es) of where I reside. ***P.O. Box addresses are not exempt under Ch. 119.**

Other Information that may apply (please list); Date of Birth, Phone number(s), Place(s) of employment (spouse/child), School/Daycare Facility (child), Personal assets (crime victim), Social Security Number (Do NOT list the number)

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. This may include; Notice of Commencements, Satisfactions/Assignments of Mortgage etc.**

AGREEMENT (Please Initial)

____ 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 Wakulla County Clerk’s Office, and its staff for any direct or indirect claims or damages that may arise in connection with this request for confidentiality.

____ I agree to personally identify those documents of record pertaining to me, my spouse or my child(ren).

____ I understand that my name and the names of my spouse/child(ern) cannot not be removed from the Official Records Index per Florida Statute 28.2221(2)(b).

____ I understand that if I convey property so that the real property is no longer my home address, I must submit a written request to release the redacted information from my original request per FL Statute 119.071(4)(d).

Spousal Acknowledgment> to be signed by *Qualified Spouse/Child(ern)(If of legal age)

I understand my information will be redacted and certain information will not be available to search in the Wakulla County Official Records per FL Statute 119.071.

Spouse Print name

Spouse Signature

DOCUMENTS TO BE REDACTED IN WAKULLA COUNTY

As a result of my review of the Official Records of the Wakulla County Clerk of Court, I agree that the Clerk has my permission to modify a copy of the following documents in accordance with Ch. 119.071, Fla. Stat. (2019). I understand that only the modified copy will be made available to the public, unless otherwise ordered by a court of competent jurisdiction.

**Please print legibly so document(s) can be readily identified*

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

Documents Other Than Official Records:

RELEASE TO GOVERNMENTAL AGENCIES: An un-redacted version of these documents will be provided to the Wakulla County Property Appraiser and Tax Collector to allow them to perform their governmental duties and responsibilities. To redact information held by the Wakulla County Property Appraiser or the Tax Collector you must make a written request to those agencies directly under Florida Statute 119.071(4)(d). To redact information held by the Wakulla County Property Appraisers Office call (850) 926-0500 or the Tax Collector at (850) 926-3371.

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

RELEASE OF PRIOR REDACTIONS: If you have previously requested protection of a home address in another county in the State of Florida, that is no longer your residence, you are required by Florida law to submit a written, notarized request to release the redacted information and submit that request to that county. Please contact that county for instructions on how to un-redact your information.

DOCUMENTS TO BE REDACTED IN WAKULLA COUNTY (CONT.)

Signature: _____

Date: _____

Job Title of Eligible Government Employee

Employing Agency

NOTARY OR DEPUTY CLERK ACKNOWLEDGEMENT

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me on by means of physical presence or online notarization on (date)
_____, 20____, by _____,

who is ____ personally known, OR who ____ produced identification. Type of identification produced/ID _____.

[SEAL]

Notary Public, State of Florida

{Print, type or stamp commissioned name of Notary}

My Commission Expires:

OR

GREG JAMES, WAKULLA COUNTY CLERK OF COURT

By: _____
Deputy Clerk