**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 of the Circuit Court and Comptroller’s Office.

* 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:**

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

\* Attach official verification of crime (i.e. police report or injunction). 5-year renewable exemption.

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

**NOTE: Grantor, grantee, or party names cannot be removed from Official Records unless they contain the street address**

**REQUESTOR CONTACT INFORMATION**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information to be Redacted**

🞎 Address where I (or qualifying spouse or child) **reside** (physical, mailing, or street address):

The following additional address information for address where I reside: 🞎 legal property description (consider title implications), 🞎 parcel identification number, 🞎 plot identification number, 🞎 neighborhood name and lot number, 🞎 GPS coordinates, 🞎 other description property information that may reveal home address:

🞎 Telephone Number(s)

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

🞎 Names 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. (Section 28.2221(2)(b), Florida Statutes.)

**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 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 Section 119.071, Florida Statutes. 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 Section 119.071(4)(d)(4), F.S. To redact information held by the Property Appraiser call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or by the Tax Collector call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 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 section 28.2221(6)(b), F.S. 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.

**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 \_\_\_\_\_\_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this \_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

☐ Personally Known to me or ☐ who has produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification.

<Seal> \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Notary Public – State of Florida

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print, Type, or Stamp Name of Notary Public

**REQUEST TO THE \_\_\_\_\_\_\_\_\_\_\_COUNTY CLERK OF COURT**

**TO RELEASE REDACTED INFORMATION ON RECORDED DOCUMENTS**

**(Request by Protected Party)**

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:

Describe the lawful purpose for the search: 🞎 Property transaction 🞎 Employment verification
🞎 Proof of ownership or residency 🞎 Explain other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify the individual or property that is the subject of the search: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify the information that is to be released (name, address, place of employment):

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signed on

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of 🗖 physical presence or 🗖 online notarization on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , who is 🗖 personally known to me or 🗖 produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as identification.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NOTARY PUBLIC or DEPUTY CLERK

 {Print, type, or stamp name of notary or deputy clerk}

**REQUEST TO THE COUNTY CLERK OF COURT**

**TO RELEASE REDACTED INFORMATION ON RECORDED DOCUMENTS**

**FOR PURPOSES OF CONDUCTING A TITLE SEARCH**

The requestor is:

|  |  |
| --- | --- |
| 🗖 Title Insurer🗖 Title Insurance Agent🗖 Title Insurance Agency | Requestor’s Florida Company Code or License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requestor attests that requestor is authorized to transact(Initial) business in Florida.  |
| 🗖 Attorney | Requestor’s Florida Bar Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requestor attests that requestor has an agency agreement(Initial) with a title insurer, directly or through his or her law firm.  |

Identify the Property that is the subject of the search: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the lawful purpose for the search: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Document Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Records Book Page Instrument Number: \_\_\_\_\_\_\_\_\_\_\_\_

*The requestor’s photo ID must be presented or a copy provided with this request*.

By signing below, I certify that I am authorized to access the referenced exempt information pursuant to Fla. Stat. § 28.2221(6)(a), for an authorized purpose of conducting a title search, as defined in § 627.7711(4), F.S., of the Official Records, as described in § 28.222(2), F.S., and I acknowledge that making a false attestation will subject me to the penalty of perjury under Fla. Stat. § 837.012, F.S. I hereby request that the Clerk release a copy of the unredacted referenced document to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of 🗖 physical presence or 🗖 online notarization on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , who is 🗖 personally known to me or 🗖 produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as identification.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NOTARY PUBLIC or DEPUTY CLERK

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 {Print, type, or stamp name of notary or deputy clerk}

The above affidavit will be mailed to each affected party and will be recorded in the Official Records of the County, along with a certificate of mailing, per Fla. Stat. § 28.2221, F.S. The requestor must pay the statutory service charge of \_\_\_\_\_\_\_\_\_\_\_\_\_ prior to the documents being released.

**REQUEST TO RELEASE PROTECTED DECEDENT’S REMOVED INFORMATION**

[§119.071(4)(d)9, F.S.]

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Affiant”), who swore or affirmed that:

1. Affiant verifies by a certified copy of a death certificate, that the protected decedent has died. The certified copy of the death certificate is attached to this affidavit.
2. Affiant verifies that there is no known statute or court order prohibiting the release requested.
3. Affiant confirms that the request for release is due to the death of the protected party.
4. Affiant requests the release of a protected decedent’s removed information.
5. Affiant provides the location of the former dwelling location to be located in the Official Records at:

 Book Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Page Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR Instrument Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 OR Clerk’s File Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Affiant)

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of 🗖 physical presence or 🗖 online notarization on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , who is 🗖 personally known to me or 🗖 produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as identification.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NOTARY PUBLIC

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 {Print, type, or stamp name of notary}

Note: The Clerk’s office will verify if there are other Requests for Redaction on file from other protected parties as to this property prior to releasing information.

**REQUEST TO RELEASE THE EXEMPT STATUS OF HOME ADDRESS**

**[§119.071(4)(d)8, F.S.]**

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Affiant”), who swore or affirmed that:

1. Affiant is a protected party and authorized to submit this request by affidavit.
2. Affiant has conveyed real property that was my dwelling location.
3. Affiant requests the release of the exempt status for this dwelling location since the conveyance of the real property has removed the exempt status as my home address.
4. Affiant confirms that the request for release is pursuant to the conveyance of my dwelling location.
5. Affiant provides the location of the former dwelling location to be located in the Official Records at:

 Book Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Page Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 OR

 Instrument Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 OR

 Clerk’s File Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Affiant)

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_\_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this \_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

☐ Personally Known to me or ☐ who has produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification.

<Seal> \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Notary Public – State of Florida

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print, Type, or Stamp Name of Notary Public