

**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:

- | | |
|---|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Victim of 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.]**<input type="checkbox"/> Law enforcement officers or civilian staff, correctional and correctional probation officers [s. 119.071(4)(d)2.a., F.S.]<input type="checkbox"/> Dept of Children and Family 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"/> Florida Department of Financial Services investigative personnel [s. 119.071(4)(d)2.b., F.S.]<input type="checkbox"/> Office of Financial Regulation's Bureau of Financial Investigations 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"/> Justice or judge [s. 119.071(4)(d)2.e., F.S.]<input type="checkbox"/> State attorney and ASAs [s. 119.071(4)(d)2.f., F.S.]<input type="checkbox"/> Statewide prosecutor and asst. statewide prosecutors [s. 119.071(4)(d)2.f., 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, Administrative Law Judge [s. 119.071(4)(d)2.g, F.S.]<input type="checkbox"/> Child Support Hearing Officer [s. 119.071(4)(d)2.g, F.S.]<input type="checkbox"/> Local Govt. or Water Mgt. District Human resources manager/assistant manager [s. 119.071(4)(d)2.h., F.S.]<input type="checkbox"/> Local Govt. or Water Mgt. District Labor or employee relations manager/assistant manager [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"/> Juvenile probation/detention officer, house parent, therapy provider, counselor and their supervisors [s. 119.071(4)(d)2.k., F.S.] | <ul style="list-style-type: none"><input type="checkbox"/> Public Defender and APDs [s.119.071(4)(d)2.l., F.S.]<input type="checkbox"/> Criminal conflict counsel and civil regional counsel [s. 119.071(4)(d)2.l., F.S.]<input type="checkbox"/> Dept of Business Regulation investigators and inspectors [s. 119.071(4)(d)2.m., F.S.]<input type="checkbox"/> Tax collectors (current only) [s.119.071(4)(d)2.n., F.S.]<input type="checkbox"/> Dept of Health personnel involved in eligibility, investigation, prosecution, and inspection [s. 119.071(4)(d)2.o., F.S.]<input type="checkbox"/> Impaired practitioner consultants retained by an agency [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.]<input type="checkbox"/> 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.]<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, clinical employee of [s. 119.071(4)(d)2.t., F.S.]<input type="checkbox"/> Domestic violence center current or former staff and advocates [s. 119.071(4)(d)2.u., F.S.]<input type="checkbox"/> U.S. Attorney and AUSAs [s. 119.071(5)(i)1., F.S.]**<input type="checkbox"/> U.S. Judge or U.S. Magistrate [s. 119.071(5)(i)1., F.S.]**<input type="checkbox"/> Public guardians and employees with fiduciary responsibilities [s. 744.21031, F.S.] |
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* 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