

**REQUEST FOR REDACTION OF EXEMPT PERSONAL INFORMATION
FROM NON-JUDICIAL PUBLIC RECORDS (FS 119.071)
EFFECTIVE JULY 1, 2018**

I request to have exempt personal information removed from records maintained by the Hillsborough 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 or agency employee in the category checked below

Spouse of a current/former government or agency employee in the category checked below

Child of a current/former government or agency employee in the category checked below

Check the appropriate item:

- | | |
|--|---|
| Victim of violent crime [FS 119.071(2)(h)1.] | Guardians ad litem [FS 119.071(4)(d)2.j.] |
| Victim of an incident of mass violence [FS 119.071(2)(o)] | Public guardians or employees with fiduciary responsibilities [FS 744.21031] |
| Child advocacy center director, manager, supervisor, or clinical employee and child protection team members [FS 119.071(4)(d)2.t.] | Juvenile probation/detention officer, house parent, therapy provider, counselor and their supervisors [FS 119.071(4)(d)2.k.] |
| Sworn or civilian law enforcement officer, incl. correctional and correctional probation officers [FS 119.071(4)(d)2.a.] | Public Defender and asst PD [FS 119.071(4)(d)2.l.] |
| Dept of Children and Family investigator [FS 119.071(4)(d)2.a.] | Criminal conflict counsel and asst CCC, civil regional counsel and asst CRC [FS 119.071(4)(d)2.l.] |
| Dept of Health investigator of child abuse or neglect [FS 119.071(4)(d)2.a.] | Dept of Business and Professional Regulation investigator or inspector [FS 119.071(4)(d)2.m.] |
| Dept of Revenue or local government child support collection/enforcement personnel [FS 119.071(4)(d)2.a.] | Tax collectors (current only) [FS 119.071(4)(d)2.n.] |
| Nonsworn investigative personnel of the Florida Department of Financial Services [FS 119.071(4)(d)2.b.] | Dept of Health personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.o.] |
| Nonsworn investigative personnel of the Office of Financial Regulation's Bureau of Financial Investigations [F.S. 119.071(4)(d)2.c.] | Impaired practitioner consultants retained by an agency [F.S. 119.071(4)(d)2.p.] |
| Firefighter [FS 119.071(4)(d)2.d.] | Emergency medical technician or paramedic [FS 119.071(4)(d)2.q.] |
| Justice or judge [FS 119.071(4)(d)2.e.] | Employees in an agency's office of inspector general or internal audit department whose duties include auditing or investigating potential criminal or disciplinary activities [FS 119.071(4)(d)2.r.] |
| State attorney and ASAs [FS 119.071(4)(d)2.f.] | U.S. Attorney and AUSAs [FS 119.071(5)(i)1.] |
| Statewide prosecutor and asst statewide prosecutors [FS 119.071(4)(d)2.f.] | U.S. Judge or U.S. Magistrate [FS 119.071(5)(i)1.] |
| General or Special Magistrate [FS 119.071(4)(d)2.g.] | Member of US Armed Forces, reserve, or National Guard, who served after 9/11/01 [FS 119.071(5)(k)1.] |
| Judge of Compensation Claims or Administrative Law Judge [FS 119.071(4)(d)2.g.] | Private Investigative, Private Security, and Repossession Services- Class "C", "CC", "E", or "EE" Security Licensee [FS 493.6122] |
| Child support Hearing Officer [FS 119.071(4)(d)2.g.] | Addiction treatment facility director, manager, supervisor, nurse, or clinical employee [FS 119.071(4)(d)2.s.] |
| Local govt. or Water Mgt. District human resources manager/assistant manager [FS 119.071(4)(d)2.h.] | Victim of Domestic Violence participating in the Address Confidentiality Program [FS 741.465] |
| 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.] | |

REQUESTOR CONTACT INFORMATION

Printed Name: _____

Telephone Number: _____ Email address: _____

INFORMATION TO BE REDACTED

Home address(es) (including city, state, and zip code) _____

Telephone Number(s) _____ Date of Birth: _____

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

Place(s) of Employment/Location: _____

Employer 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 Hillsborough 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 Hillsborough County Clerk's/Comptroller's Office at www.hillsclerk.com or 419 E. Pierce St., Room 140, Tampa, FL 33602.

As a result of my review of the Official Records of the Hillsborough County Clerk's/Comptroller's Office (including but not limited to records of the Value Adjustment Board, Marriage Records, plat books, and Tax Deed records), I hereby agree that the Hillsborough 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.

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

Instrument Number	Book	Page	Document Title
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_____	_____	_____	_____

Documents Other Than Official Records: _____

Signature: _____ **Date:** _____

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

 Job Title of Eligible Government Employee

 Employing agency

NOTARY PUBLIC

STATE OF FLORIDA
 COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 20____, by
 _____, who is ____ personally known to me ____ produced identification in the
 form of _____.

[SEAL]

 Notary Public

Please complete this form and deliver it in person, by mail or facsimile.

**Location: Clerk of Circuit Court
 Recording Department
 419 E Pierce st., Rm #410
 Tampa, FL 33602**

**Mailing Address: Clerk of Circuit Court
 Recording Department
 P. O. Box 3249
 Tampa, FL 33602**

Email: Recording@hillsclerk.com

Fax: (813) 276- 2114