

## Confidentiality Request Form

I am filing this request for confidentiality in the Hillsborough County Official Records in accordance with Florida Statute 119.071(4) or 119.071(5)(i). I hereby swear or affirm that the following information is true and correct.

I attest that I am an individual covered under Section 119.071(4) or 119.071(5)(i) Florida Statutes as:

I am an \_\_\_\_\_ active or \_\_\_\_\_ former  
\_\_\_\_\_ spouse of an active or \_\_\_\_\_ spouse of a former  
\_\_\_\_\_ child of an active or \_\_\_\_\_ child of a former

- \_\_\_\_\_ Law Enforcement Personnel  
\_\_\_\_\_ Correctional  
\_\_\_\_\_ Correctional Probation Officer  
\_\_\_\_\_ Dept. of Children and Families investigative employee whose duties include:  
\_\_\_\_\_ abuse \_\_\_\_\_ neglect \_\_\_\_\_ exploitation  
\_\_\_\_\_ fraud \_\_\_\_\_ theft \_\_\_\_\_ other criminal activities  
\_\_\_\_\_ Dept. of Health personnel whose duties support the investigation of child abuse or neglect  
\_\_\_\_\_ Department of Revenue or Local Government employee with responsibility for:  
\_\_\_\_\_ revenue collection **and** enforcement  
\_\_\_\_\_ child support enforcement  
\_\_\_\_\_ State Attorney & Assistant State Attorneys  
\_\_\_\_\_ Public Defender & Assistant Public Defender  
\_\_\_\_\_ Criminal Conflict & Civil Regional Counsel  
\_\_\_\_\_ Assistant Criminal Conflict & Assistant Civil Regional Counsel  
\_\_\_\_\_ Statewide Prosecutors & Assistant Statewide Prosecutors  
\_\_\_\_\_ Certified Firefighter  
\_\_\_\_\_ State Court Justice or Judge (state type: \_\_\_\_\_)  
\_\_\_\_\_ Code Enforcement Officer  
\_\_\_\_\_ General & Special Magistrates  
\_\_\_\_\_ Guardian Ad Litem  
\_\_\_\_\_ Human Resources, Labor Relations, Employee Relations (local gov't or water management district)  
\_\_\_\_\_ Department of Juvenile Justice  
\_\_\_\_\_ Probation Officers \_\_\_\_\_ Probation Supervisors  
\_\_\_\_\_ Detention Officers & Supervisors \_\_\_\_\_ Sr. Detention Officers  
\_\_\_\_\_ Detention Officers \_\_\_\_\_ House Parent Supervisors  
\_\_\_\_\_ Detention & Assistant Superintendents \_\_\_\_\_ Group Treatment Leaders  
\_\_\_\_\_ House Parents I & II \_\_\_\_\_ Rehabilitation Therapists  
\_\_\_\_\_ Social Services Counselor  
\_\_\_\_\_ Group Treatment Leader Supervisors  
\_\_\_\_\_ Judges of Compensation Claims  
\_\_\_\_\_ Administrative Law Judges (DOAH)  
\_\_\_\_\_ Child Support Enforcement Hearing Officer  
\_\_\_\_\_ United States Attorney \_\_\_\_\_ Assistant United States Attorney  
\_\_\_\_\_ District Court Judge \_\_\_\_\_ District Court Magistrates  
\_\_\_\_\_ Circuit Court of Appeals Judge  
\_\_\_\_\_ Dept of Business & Professional Regulation Investigators or Inspector  
\_\_\_\_\_ County Tax Collector  
\_\_\_\_\_ Dept of Health Investigator or Inspector with responsibility for determining eligibility or prosecution of health care facilities or practitioners  
\_\_\_\_\_ Impaired Practitioner Consultants  
\_\_\_\_\_ Service member of the Armed Forces of the United States, a reserve component of the Armed Forces or the National Guard who served after September 11, 2001.  
\_\_\_\_\_ Inspector General Or Internal Audit personnel  
\_\_\_\_\_ Emergency Medical Technicians or Certified Paramedics

*Please print clearly or use a typewriter to complete the following lines:*

My full name is \_\_\_\_\_

Other names that I may have used: \_\_\_\_\_

\_\_\_\_\_

Home address (including city, state, and zip code): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address (Optional): \_\_\_\_\_

The information provided on this request for confidentiality is itself to be kept confidential. The information may only be used by the Hillsborough County Clerk of the Circuit Court and staff in order to process my request for confidentiality.

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_

State of Florida  
County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_.

Personally known \_\_\_\_ Or produced identification \_\_\_\_ Type of identification produced \_\_\_\_\_

Signature & Seal of Notary \_\_\_\_\_

**DOCUMENTS TO BE COPIED AND MODIFIED FOR CONFIDENTIALITY**

As a result of my review of the Official Records of Hillsborough County, I hereby agree that the Hillsborough County Official Records staff has my permission to modify a copy of the following documents in accordance with the particulars of Section 119.071(4) or 119.071(5)(i) Florida Statutes. I understand that the modified copy will be made available to the public without limitation. The documents that pertain to me follow:

<u>Date Recorded</u>	<u>Instrument Number</u>	<u>Book</u>	<u>Page</u>
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____

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

**Location: Clerk of the Circuit Court  
Recording Department  
Rm. # 140  
419 Pierce Street  
Tampa, Florida 33602**

**Mailing Address: Clerk of the Circuit Court  
Recording Department  
P.O. Box 3249  
Tampa, FL 33601**

**Fax: (813) 276-2114**