

**REQUEST FOR REDACTION OF EXEMPT PERSONAL INFORMATION
FROM NON-JUDICIAL PUBLIC RECORDS (FS 119.071)
EFFECTIVE JULY 1, 2019**

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 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

Check the appropriate item:

- Victim of violent crime [FS 119.071(2)(h)1]
- Victim of an incident of mass violence [FS 119.071(2)(o)]
- Child advocacy center director, manager, supervisor, clinical employee of [FS 119.071(4)(d)2.t.] (eff. 7/1/18)
- 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.] (eff. 7/1/18)
- 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.]
- Private Investigative, Private Security, and Repossession Services- Class "C", "CC", "E", "EE" Security Licensee [FS 493.6122]
- Victim of Domestic Violence participating in the Address Confidentiality Program [FS 741.465]

- Public Guardians and employees with fiduciary responsibilities [FS 744.21031] (eff. 7/1/18)

REQUESTOR CONTACT INFORMATION

Printed Name: _____

Telephone Number: _____ Email address: _____

INFORMATION TO BE REDACTED

Home address(es) including city, state, and zip code (including physical address, mailing address, street address)

The following additional address information: 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) _____ Date of Birth: _____

Social Security Number(s) found at (list location in document; **do not list the SSN**): _____

Place(s) of Employment/Location: _____

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).

NOTICE OF CONSEQUENCES AND LIMITATIONS OF REDACTION

There may be consequences to redacting information on a public record. If you have questions regarding the potential consequences, you may wish to consult with an attorney. Only the documents identified by the requestor will be redacted. Once redaction is requested and completed, future redactions require an additional redaction request.

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. A separate release can be provided to authorize release of an unredacted document to a named person or entity

| Instrument Number | Book | Page | Document Title |
|-------------------|-------|-------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ |

Documents Other Than Official Records: (Note, redactions in **court** records must be made under Fla. R. Jud. Admin 2.420 either by a Notice of Confidential Information if one of the authorized 22 items or by motion and order if not on the list of 22)

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 Pierce St., Rm # 140
Tampa, FL 33602
Fax Number: (813) 276-2114

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