REQUEST FOR REDACTION OF EXEMPT PERSONAL INFORMATION
FROM NON-JUDICIAL PUBLIC RECORDS

IN EFFECT JULY 2019 unless indicated otherwise

I request to have exempt personal information removed from records maintained by the Polk County Clerk’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.]
- Nonswearned investigative personnel of the Florida Department of Financial Services [FS 119.071(4)(d)2.b.]
- 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 [FS 119.071(4)(d)2.p.]
- Emergency medical technician or paramedic [FS 119.071(4)(d)2.q.]
- 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.]
- 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.]

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) ________________________________________________
Legal description: _____________________________________________________________________________
Other “home address” as defined in section 119.071 Florida Statute: ____________________________________

Telephone Number(s) __________________________ Date of Birth: ____________
Social Security Number(s) found at (DO NOT LIST THE SOCIAL SECURITY NUMBER): __________________________

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 Polk County Clerk’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 Polk County Clerk’s Office at 255 North Broadway Avenue, Bartow, Florida 33830.

As a result of my review of the Official Records of the Polk County Clerk’s Office, I hereby agree that the Polk County Clerk’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 or a Release of Exempt Information is filed with the Clerk of Courts directing release to the party authorized to receive the information.

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Documents Other Than Official Records: __________________________________________________________________________

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Signature: ___________________________ Date: __________________________

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

Job Title of Eligible Government Employee Employing agency

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 ____________________________________________

Print, Type, or Stamp Commissioned Name of Notary Public

Signature of Notary __________________________________________

Send the signed original to:

Stacy M. Butterfield, CPA
Polk County Clerk of Courts
PO Box 9000, Drawer CC-8
Bartow, FL 33831-9000

Note: Fax copies cannot be accepted.