

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

**IN EFFECT MARCH 2018 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:**

- |                                                                                                                                                               |                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Victim of violent crime [FS 119.071(2)(h)1]                                                                                          | <input type="checkbox"/> Local Govt. or Water Mgt. District Labor or employee relations manager/assistant manager [FS 119.071(4)(d)2.h.]                                                                                       |
| <input type="checkbox"/> Victim of an incident of mass violence [FS 119.071(2)(o)]                                                                            | <input type="checkbox"/> Code enforcement officer [FS 119.071(4)(d)2.i.]                                                                                                                                                       |
| <input type="checkbox"/> Child advocacy center director, manager, supervisor, clinical employee of [FS 119.071(4)(d)2.t.] (eff. 7/1/18)                       | <input type="checkbox"/> Guardian ad litem [FS 119.071(4)(d)2.j.]                                                                                                                                                              |
| <input type="checkbox"/> Sworn or civilian law enforcement officer, incl. correctional and correctional probation officers [FS 119.071(4)(d)2.a.]             | <input type="checkbox"/> Juvenile probation/detention officer, house parent, therapy provider, counselor and their supervisors [FS 119.071(4)(d)2.k.]                                                                          |
| <input type="checkbox"/> Dept of Children and Family investigator [FS 119.071(4)(d)2.a.]                                                                      | <input type="checkbox"/> Public Defender and APDs [FS 119.071(4)(d)2.l.]                                                                                                                                                       |
| <input type="checkbox"/> Dept of Health investigator of child abuse or neglect [FS 119.071(4)(d)2.a.]                                                         | <input type="checkbox"/> Criminal conflict counsel and civil regional counsel [FS 119.071(4)(d)2.l.]                                                                                                                           |
| <input type="checkbox"/> Dept of Revenue or local government child support collection/enforcement personnel [FS 119.071(4)(d)2.a.]                            | <input type="checkbox"/> Dept of Business Regulation investigators and inspectors [FS 119.071(4)(d)2.m.]                                                                                                                       |
| <input type="checkbox"/> Nonsworn investigative personnel of the Florida Department of Financial Services [FS 119.071(4)(d)2.b.]                              | <input type="checkbox"/> Tax collectors (current only) [FS 119.071(4)(d)2.n.]                                                                                                                                                  |
| <input type="checkbox"/> Nonsworn investigative personnel of the Office of Financial Regulation's Bureau of Financial Investigations [F.S. 119.071(4)(d)2.c.] | <input type="checkbox"/> Dept of Health personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.o.]                                                                                   |
| <input type="checkbox"/> Firefighter [FS 119.071(4)(d)2.d.]                                                                                                   | <input type="checkbox"/> Impaired practitioner consultants retained by an agency [F.S. 119.071(4)(d)2.p.]                                                                                                                      |
| <input type="checkbox"/> Justice or judge [FS 119.071(4)(d)2.e.]                                                                                              | <input type="checkbox"/> Emergency medical technician or paramedic [FS 119.071(4)(d)2.q.]                                                                                                                                      |
| <input type="checkbox"/> State attorney and ASAs [FS 119.071(4)(d)2.f.]                                                                                       | <input type="checkbox"/> 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.] |
| <input type="checkbox"/> Statewide prosecutor and asst statewide prosecutors [FS 119.071(4)(d)2.f.]                                                           | <input type="checkbox"/> Addiction treatment facility director, manager, supervisor, nurse, or clinical employee [FS 119.071(4)(d)2.s.] (eff. 7/1/18)                                                                          |
| <input type="checkbox"/> General or Special Magistrate [FS 119.071(4)(d)2.g]                                                                                  | <input type="checkbox"/> U.S. Attorney and AUSAs [FS 119.071(5)(i)1.]                                                                                                                                                          |
| <input type="checkbox"/> Judge of Compensation Claims, Administrative Law Judge [FS 119.071(4)(d)2.g]                                                         | <input type="checkbox"/> U.S. Judge or U.S. Magistrate [FS 119.071(5)(i)1.]                                                                                                                                                    |
| <input type="checkbox"/> Child Support Hearing Officer [FS 119.071(4)(d)2.g]                                                                                  | <input type="checkbox"/> Member of US Armed Forces, reserve, or National Guard, who served after 9/11/01 [FS 119.071(5)(k)1.]                                                                                                  |
| <input type="checkbox"/> Local Govt. or Water Mgt. District Human resources manager/assistant manager [FS 119.071(4)(d)2.h.]                                  |                                                                                                                                                                                                                                |

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) \_\_\_\_\_  
\_\_\_\_\_

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.

<b>Instrument Number</b>	<b>Book</b>	<b>Page</b>	<b>Document Title</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_

**Documents Other Than Official Records:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.