**REQUEST FOR REDACTION OF EXEMPT PERSONAL INFORMATION**

**FROM PUBLIC RECORDS** *(FS 119.071)*

I request to have exempt personal information removed from records maintained by the Gulf County Clerk’s Office. I hereby swear or affirm that the following information is true and correct.

**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]
* Law enforcement officer [FS 119.071(4)(d)2.a.]
* Dept of Children and Family investigator [FS 119.071(4)(d)2.a.(I)]
* Dept of Health investigator [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.]
* Firefighter (Active certification required) [FS 119.071(4)(d)2.b.]
* Justice or judge [FS 119.071(4)(d)2.c.]
* State attorney [FS 119.071(4)(d)2.d.]
* Statewide prosecutor [FS 119.071(4)(d)2.d.]
* General or Special Magistrate [FS 119.071(4)(d)2.e]
* Judge of Compensation Claims, Administrative Law Judge [FS 119.071(4)(d)2.e]
* Hearing Officer [FS 119.071(4)(d)2.e]
* Human resources manager/assistant manager [FS 119.071(4)(d)2.f.]
* Labor or employee relations manager/assistant manager [FS 119.071(4)(d)2.f.]
* Code enforcement officer [FS 119.071(4)(d)2.g.]
* Guardian ad litem [FS 119.071(4)(d)2.h.]
* Juvenile probation/detention officer, house parent, therapy provider, counselor [FS 119.071(4)(d)2.i.] *(also applies to supervisors of these employees)*
* Public Defender [FS 119.071(4)(d)2.j.]
* Dept of Business Regulation investigators or inspectors [FS 119.071(4)(d)2.k.]
* Tax collectors [FS 119.071(4)(d)2.i.] (current only)
* Dept of Health personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.m.]
* U.S. Attorney [FS 119.071(5)i.1]
* U.S. Judge or U.S. Magistrate [FS 119.071(5)i.1]
* Private Investigative, Private Security, and Repossession Services- Class “C”, “CC”, “E”, “EE” Security Licensee [FS 493.6122]
* Participant in Address Confidentiality Program for Victims of Domestic Violence [FS 741.465]
* Member of US Armed Forces, reserve, or National Guard, who served after 9/11/01 [FS 119.071(5)(d)]
* Nonsworn investigative personnel of the Florida Department of Financial Services [FS 119.071(4)(d)(2)(IV)]
* Emergency medical technician or paramedic [FS 119.071(4)(o)]
* 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)(p)]

**REQUESTOR CONTACT INFORMATION**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information to be Redacted**

Case Number of court record the exempt information is located in:

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number(s) found at (list location in court file, DO NOT LIST THE SOCIAL SECURITY NUMBER): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Gulf 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 Gulf County Clerk’s Office at* [*www.gulfclerk.com*](http://www.gulfclerk.com) *or Gulf County Clerk of Court & Comptroller, 1000 Cecil G. Costin, Sr. Blvd, Port St. Joe, FL 32456.*

As a result of my review of the Official / Court Records of the Gulf County Clerk’s Office, I hereby agree that the Gulf 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.

**Instrument Number Book Page Court Case No. Doc. Date Doc. Title**

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

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title of Eligible Government Employee Employing Agency

**NOTARY/ DEPUTY CLERK ACKNOWLEDGEMENT**

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

OR

[SEAL] REBECCA L. NORRIS

Clerk of the Circuit Court

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deputy Clerk