

**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 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:**

- |  |   |
|--|---|
| <input type="checkbox"/> Victim of violent crime [FS 119.071(2)(h)1]   | <input type="checkbox"/> Guardian ad litem [FS 119.071(4)(d)2.h.]   |
| <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.i.]   |
| <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.j.]  |
| <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.j.]  |
| <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 or inspectors [FS 119.071(4)(d)2.k.]   |
| <input type="checkbox"/> Nonsworn investigative personnel of the Florida Department of Financial Services [FS 119.071(4)(d)2.a.(IV)]                             | <input type="checkbox"/> Tax collectors [FS 119.071(4)(d)2.i.] (current only)   |
| <input type="checkbox"/> Nonsworn investigative personnel of the Office of Financial Regulation's Bureau of Financial Investigations [F.S. 119.071(4)(d)2.a.(V)] | <input type="checkbox"/> Dept of Health personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.m.]  |
| <input type="checkbox"/> Firefighter [FS 119.071(4)(d)2.b.]  | <input type="checkbox"/> Impaired practitioner consultants retained by an agency [F.S. 119.071(4)(d)2.n.]   |
| <input type="checkbox"/> Justice or judge [FS 119.071(4)(d)2.c.]   | <input type="checkbox"/> Emergency medical technician or paramedic [FS 119.071(4)(d)2.o.]   |
| <input type="checkbox"/> State attorney and ASAs [FS 119.071(4)(d)2.d.]  | <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.p] |
| <input type="checkbox"/> Statewide prosecutor and asst statewide prosecutors [FS 119.071(4)(d)2.d.]  | <input type="checkbox"/> U.S. Attorney and AUSAs [FS 119.071(5)(i)1.]   |
| <input type="checkbox"/> General or Special Magistrate [FS 119.071(4)(d)2.e]   | <input type="checkbox"/> U.S. Judge or U.S. Magistrate [FS 119.071(5)(i)1.]   |
| <input type="checkbox"/> Judge of Compensation Claims, Administrative Law Judge [FS 119.071(4)(d)2.e]  | <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"/> Hearing Officer [FS 119.071(4)(d)2.e]   | <input type="checkbox"/> Private Investigative, Private Security, and Repossession Services- Class "C", "CC", "E", "EE" Security Licensee [FS 493.6122]   |
| <input type="checkbox"/> Human resources manager/assistant manager [FS 119.071(4)(d)2.f.]  | <input type="checkbox"/> Victim of Domestic Violence participating in the Address Confidentiality Program [FS 741.465]  |
| <input type="checkbox"/> Labor or employee relations manager/assistant manager [FS 119.071(4)(d)2.f.]  |   |
| <input type="checkbox"/> Code enforcement officer [FS 119.071(4)(d)2.g.]   |   |

**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) \_\_\_\_\_

Social Security Number(s) found at (DO NOT LIST THE SOCIAL SECURITY NUMBER): \_\_\_\_\_

Date 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 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).

**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](http://www.hillsclerk.com) or 419 Pierce St, Tampa, FL 33602.

As a result of my review of the Official Records of the Hillsborough County Clerk's/Comptroller's Office, 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.

Instrument Number	Book	Page	Document Title
_____	_____	_____	_____
_____	_____	_____	_____
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Instrument Number	Book	Page	Document Title

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

**Name of Eligible Government Employee (if not requestor):** \_\_\_\_\_

\_\_\_\_\_  
 Job Title of Eligible Government Employee

\_\_\_\_\_  
 Employing agency