

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

I request to have exempt personal information removed from records maintained by the Hillsborough County Clerk of the Circuit Court and Comptroller's Office.

- ☐ 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
- ☐ Protected individual requesting redaction in the category checked below

Statutory Basis for Removal:

- | | |
|---|---|
| ☐ Victim of violent crime [FS 119.071(2)(j)1]* | ☐ Dept of Business Regulation investigators and inspectors [FS 119.071(4)(d)2.m.] |
| ☐ Victim of an incident of mass violence [FS 119.071(2)(o)]* | ☐ Tax collectors (current only) [FS 119.071(4)(d)2.n.] |
| ☐ Law enforcement officers or civilian staff, correctional and correctional probation officers [FS 119.071(4)(d)2.a.] | ☐ Dept of Health personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.o.] |
| ☐ Dept of Children and Family investigator [FS 119.071(4)(d)2.a.] | ☐ Impaired practitioner consultants retained by an agency [F.S. 119.071(4)(d)2.p.] |
| ☐ Dept of Health investigator of child abuse or neglect [FS 119.071(4)(d)2.a.] | ☐ Emergency medical technician or paramedic [FS 119.071(4)(d)2.q.] |
| ☐ Dept of Revenue or local government child support collection/enforcement personnel [FS 119.071(4)(d)2.a.] | ☐ 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.] |
| ☐ Florida Department of Financial Services investigative personnel [FS 119.071(4)(d)2.b.] | ☐ Addiction treatment facility director, manager, supervisor, nurse, or clinical employee [FS 119.071(4)(d)2.s.]* |
| ☐ Office of Financial Regulation's Bureau of Financial Investigations investigative personnel [F.S. 119.071(4)(d)2.c.] | ☐ Child advocacy center director, manager, supervisor, clinical employee of [FS 119.071(4)(d)2.t.] |
| ☐ Firefighter [FS 119.071(4)(d)2.d.] | ☐ Domestic violence center current or former staff and advocates [F.S. 119.071(4)(d)2.u.] |
| ☐ Justice, judge or judicial assistants [FS 119.071(4)(d)2.e.] | ☐ U.S. Attorney and AUSAs [FS 119.071(5)(i)1.]* |
| ☐ State attorney and ASAs [FS 119.071(4)(d)2.f.] | ☐ U.S. Judge or U.S. Magistrate [FS 119.071(5)(i)1.]* |
| ☐ Statewide prosecutor and asst. statewide prosecutors [FS 119.071(4)(d)2.f.] | ☐ Public guardians and employees with fiduciary responsibilities [FS 744.21031] |
| ☐ General or Special Magistrate [FS 119.071(4)(d)2.g] | ☐ Military Personnel [F.S. 119.07(5)(k)] |
| ☐ Judge of Compensation Claims, Administrative Law Judge [FS 119.071(4)(d)2.g] | ☐ Florida Gaming Control Commission Commissioners [F.S. 119.071(4)(d)2.x] |
| ☐ Child Support Hearing Officer [FS 119.071(4)(d)2.g] | ☐ County and City Attorneys [119.071(4)(d)2.w] |
| ☐ Local Govt. or Water Mgt. District Human resources manager/assistant manager [FS 119.071(4)(d)2.h.] | ☐ Clerks of Court, Deputy Clerks, or personnel [119.071(4)(d)2.y] |
| ☐ Local Govt. or Water Mgt. District Labor or employee relations manager/assistant manager [FS 119.071(4)(d)2.h.] | ☐ Congressional member or public officer [119.071(4)(d)2.z] |
| ☐ 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.] | |

*Names of spouse/children for marked individuals are not exempt

REQUESTOR CONTACT INFORMATION

Printed Name: _____

Telephone Number: _____ Email address: _____

INFORMATION TO BE REDACTED

☐ Address where I (or qualifying spouse or child) **reside** (physical, mailing, or street address): _____

The following additional address information for address where I reside: ☐ 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) _____

☐ Social Security Number (**do not list SSN**) / ☐ Date of Birth: _____

☐ Names of spouse and/or children to be redacted: ** _____

☐ Place(s) of Employment/Location: _____

☐ Name and Location of School/Daycare Facility of child): _____

☐ Personal assets (*crime victim*): _____

WARNING: There may be consequences to redacting information on a public record, which is a risk undertaken by the requestor. Only the documents identified by the requestor will be redacted. Once redaction is requested and completed, future redactions require an additional redaction request.

**However grantor, grantee, or party names cannot be removed. F.S. 28.2221(2)(b).

PUBLIC RECORD: This form is itself a public record. If a copy of it is requested, all exempt information contained in this form will be redacted.

DOCUMENTS TO BE REDACTED

The following section is to be completed during or after a visit to the Hillsborough County Clerk's Office at 419 Pierce Street, Room 140, Tampa FL, 33602.

As a result of my review of the Official Records of the Hillsborough County Clerk's Office, I hereby agree the Hillsborough 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, except as shown below.

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

Documents Other Than Official Records: (Note: redactions to court records must be made under Fla. R. Jud Admin 2.420 either by a Notice of Confidential Information if one of the authorized 23 items or by motion and order if not on the list of 23.)

RELEASE TO GOVERNMENTAL AGENCIES: an un-redacted version of these documents will be provided to the Property Appraiser and Tax Collector to allow them to perform their governmental duties and responsibilities. To redact information held by the Property Appraiser or the Tax Collector you must make a written request to those agencies directly under Section 119.071(4)(d)(4). To redact information held by the Property Appraiser call 813-272-6100 or by the Tax Collector call 813-635-5200. If you wish to release your information to other individuals or entities, please complete a Request to Release Redacted Information on Recorded Documents form.

RELEASE FOR TITLE SEARCHES: an un-redacted version of these documents may be provided to title insurers, agents or agencies and attorneys conducting title searches as authorized in section 28.2221(6)(b). Notice of any title search release will be sent to the most recent address on the recorded documents on the redaction request provided by the requestor.

RELEASE OF PRIOR REDACTIONS:

If you have previously requested protection of a home address that is no longer your residence, you are required by law to submit a written, notarized request to release the removed information. Please indicate any prior documents that include removed information that must be restored*:

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

*Releases for other counties must be submitted directly to that county.

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true.

Signature: _____ **Date:** _____

Job Title of Qualifying Individual Requesting Redaction (for exemptions where current/former agency employment is required): _____

Employing Agency of Qualifying Individual Requesting Redaction (for exemptions where current/former agency employment is required): _____

STATE OF FLORIDA

COUNTY OF _____

Signed on _____

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization on (date) _____, 20____
by (affiant name)_____.

Individual identified by: ☐ Personal Knowledge ☐ Satisfactory Evidence,
Type_____

NOTARY PUBLIC

{Print, type, or stamp commissioned name of notary}

Please complete this form and deliver it in person, by mail, by email, or facsimile:

Location

Clerk of the Circuit Court Recording Department
419 Pierce Street, Room 140
Tampa, FL 33602
Fax Number: (813) 276-2114
Email: Recording@hillsclerk.com

Mailing Address

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