

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

IN EFFECT July 1, 2019 unless indicated otherwise

I request to have exempt personal information removed from records maintained by the Sumter County Clerk's/Comptroller's Office.

WARNING

As of July 1, 2019, the definition of home address has been expanded to include the parcel identification number and legal description. Removing this information from the public records may result in unintended consequences, such as the inability to prove ownership of your property. While you are entitled to this exemption, know that you are effectively removing this information from the Official Records.

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] | 119.071(4)(d)2.h.] |
| <input type="checkbox"/> Victim of an incident of mass violence [FS 119.071(2)(o)] | <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"/> Child advocacy center director, manager, supervisor, clinical employee of [FS 119.071(4)(d)2.t.] (eff. 7/1/18) | <input type="checkbox"/> Code enforcement officer [FS 119.071(4)(d)2.i.] |
| <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"/> Guardian ad litem [FS 119.071(4)(d)2.j.] |
| <input type="checkbox"/> Dept of Children and Family investigator [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 Health investigator of child abuse or neglect [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 Revenue or local government child support collection/enforcement personnel [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"/> Nonsworn investigative personnel of the Florida Department of Financial Services [FS 119.071(4)(d)2.b.] | <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 Office of Financial Regulation's Bureau of Financial Investigations [F.S. 119.071(4)(d)2.c.] | <input type="checkbox"/> Tax collectors (current only) [FS 119.071(4)(d)2.n.] |
| <input type="checkbox"/> Firefighter [FS 119.071(4)(d)2.d.] | <input type="checkbox"/> Dept of Health personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.o.] |
| <input type="checkbox"/> Justice or judge [FS 119.071(4)(d)2.e.] | <input type="checkbox"/> Impaired practitioner consultants retained by an agency [F.S. 119.071(4)(d)2.p.] |
| <input type="checkbox"/> State attorney and ASAs [FS 119.071(4)(d)2.f.] | <input type="checkbox"/> Emergency medical technician or paramedic [FS 119.071(4)(d)2.q.] |
| <input type="checkbox"/> Statewide prosecutor and asst statewide prosecutors [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"/> General or Special Magistrate [FS 119.071(4)(d)2.g.] | <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"/> Judge of Compensation Claims, Administrative Law Judge [FS 119.071(4)(d)2.g.] | <input type="checkbox"/> U.S. Attorney and AUSAs [FS 119.071(5)(i)1.] |
| <input type="checkbox"/> Child Support Hearing Officer [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"/> Local Govt. or Water Mgt. District Human resources manager/assistant manager [FS | |

- Member of US Armed Forces, reserve, or National Guard, who served after 9/11/01 [FS 119.071(5)(k)1.]
- 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 Sumter 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 Sumter County Clerk's/Comptroller's Office at www.sumterclerk.com or 215 E McCollum Ave, Bushnell, FL 33513

As a result of my review of the Official Records of the Sumter County Clerk's/Comptroller's Office, I hereby agree that the Sumter 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Documents Other Than Official Records:

Name of Eligible Government Employee (if not requestor):

Job Title of Eligible Government Employee

Employing agency

Signature: _____ Date: _____/_____/20____

NOTARY ACKNOWLEDGEMENT

STATE OF FLORIDA
COUNTY OF SUMTER

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization, this ___ day of _____ by _____
month/year name of person [SEAL]

Signature of Notary Public

Personally Known ___OR Produced ID ___
Type of ID Produced _____