



**SHARON R. BOCK**  
Clerk & Comptroller  
Palm Beach County

**REQUEST FOR REDACTION OF EXEMPT PERSONAL INFORMATION  
FROM PUBLIC RECORDS (FS 119.071)**

**EFFECTIVE JULY 1, 2019**

I request to have exempt personal information removed from records maintained by the Clerk & Comptroller, Palm Beach County.

**Exempt information held under FS 119.071, FS 493.6122, FS 741.465 or FS 744.21031 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)(j)1]
- Victim of an incident of mass violence [FS 119.071(2)(o)]
- Law enforcement officers or civilian staff, correctional and correctional probation officers [FS 119.071(4)(d)2.a.]
- Department of Children and Family investigator [FS 119.071(4)(d)2.a.]
- Department of Health investigator of child abuse or neglect [FS 119.071(4)(d)2.a.]
- Department of Revenue or local government child support collection/enforcement personnel [FS 119.071(4)(d)2.a.]
- Nonsworn investigative personnel of the Florida Department of Financial Services [FS 119.071(4)(d)2.b.]
- Nonsworn investigative personnel of the Office of Financial Regulation's Bureau of Financial Investigations [F.S. 119.071(4)(d)2.c.]
- Firefighter [FS 119.071(4)(d)2.d.]
- Justice or judge [FS 119.071(4)(d)2.e.]
- State attorney and ASAs [FS 119.071(4)(d)2.f.]
- Statewide prosecutor and assistant statewide prosecutors [FS 119.071(4)(d)2.f.]
- General or Special Magistrate [FS 119.071(4)(d)2.g.]
- Judge of Compensation Claims, Administrative Law Judge [FS 119.071(4)(d)2.g.]
- Child Support Hearing Officer [FS 119.071(4)(d)2.g.]
- Local Government or Water Management District Human Resources manager/assistant manager [FS 119.071(4)(d)2.h.]
- Local Government or Water Management District Labor or Employee Relations manager/assistant manager [FS 119.071(4)(d)2.h.]
- 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.]
- Department of Business Regulation investigators and inspectors [FS 119.071(4)(d)2.m.]
- Tax collectors (current only) [FS 119.071(4)(d)2.n.]
- Department of Health personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.o.]
- Child Advocacy Center director, manager, supervisor and clinical employee [FS 119.071(4)(d)2.t.]
- Child Protection Team members [FS 119.071(4)(d)2.t.]
- Impaired practitioner consultants retained by an agency [F.S. 119.071(4)(d)2.p.]
- Emergency medical technician or paramedic [FS 119.071(4)(d)2.q.]
- 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.]
- U.S. Attorney and AUSAs [FS 119.071(5)(i)1.]
- U.S. Judge or U.S. Magistrate [FS 119.071(5)(i)1.]
- 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]
- Addiction Treatment Facility director, manager, supervisor, nurse or clinical employee [FS 119.071(4)(d)2.t.]
- Public guardians and employees with fiduciary responsibilities [FS 744.21031]
- Victim of domestic violence participating in the Address Confidentiality Program [FS 741.465]

**REQUESTOR CONTACT INFORMATION**

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

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**INFORMATION TO BE REDACTED**

Home Address(es) (including physical address, mailing address, street address, parcel identification number, plot identification number, legal property description, neighborhood name and lot number, GPS coordinates, other descriptive property information that may reveal home address)

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

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 Clerk & Comptroller, Palm Beach County, 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 or my child(ren).

**DOCUMENTS TO BE REDACTED**

*The following section is to be completed during or after a visit to the Clerk & Comptroller, Palm Beach County at www.mypalmbeachclerk.com or 205 N. Dixie Hwy., Room 4.2500, West Palm Beach, FL 33401.*

As a result of my review of the Official Records of the Clerk & Comptroller, Palm Beach County, I hereby agree that the Clerk & Comptroller, Palm Beach County, 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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requestor has made reasonable efforts to protect this information from being accessible through other means available to the public** \_\_\_\_\_.  
Requestor's Initials

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

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

\_\_\_\_\_  
Employing Agency

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