



SHARON R. BOCK
Clerk & Comptroller
Palm Beach County

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

EFFECTIVE OCTOBER 1, 2017

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 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]
- Sworn or civilian law enforcement officer, incl. correctional and correctional probation officers [FS 119.071(4)(d)2.a.]
- Dept of Children and Family investigator [FS 119.071(4)(d)2.a.]
- Dept of Health investigator of child abuse or neglect [FS 119.071(4)(d)2.a.]
- Dept 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.a.(V)]
- Firefighter [FS 119.071(4)(d)2.c.]
- Justice or judge [FS 119.071(4)(d)2.d.]
- State attorney and ASAs [FS 119.071(4)(d)2.e.]
- Statewide prosecutor and asst statewide prosecutors [FS 119.071(4)(d)2.e.]
- 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]
- Child Support Hearing Officer [FS 119.071(4)(d)2.e]
- Local Government or Water Management District Human resources manager/assistant manager [FS 119.071(4)(d)2.g.]
- Local Government or Water Management District Labor or employee relations manager/assistant manager [FS 119.071(4)(d)2.g.]
- Code enforcement officer [FS 119.071(4)(d)2.h.]
- Guardian ad litem [FS 119.071(4)(d)2.i.]
- Juvenile probation/detention officer, house parent, therapy provider, counselor and their supervisors [FS 119.071(4)(d)2.j.]
- Public Defender and APDs [FS 119.071(4)(d)2.k.]
- Criminal conflict counsel and civil regional counsel [FS 119.071(4)(d)2.k.]
- Dept of Business Regulation investigators and inspectors [FS 119.071(4)(d)2.k.]
- Tax collectors (current only) [FS 119.071(4)(d)2.l.]
- Dept of Health personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.m.]
- Impaired practitioner consultants retained by an agency [F.S. 119.071(4)(d)2.n.]
- Emergency medical technician or paramedic [FS 119.071(4)(d)2.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)(d)2.p.]
- 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]
- 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 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 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, my spouse, 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: _____

Signature: _____ **Date:** _____

Name of Eligible Government Employee (if not requestor): _____

Job Title of Eligible Government Employee

Employing agency